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ABSTRACT

When students with handicapping conditions reach the age of 21 or attain a high school diploma, it is necessary for them to make a transition from educational services to adult services in the form of employment, sheltered workshops, residential programs, etc. This volume assists local school districts in complying with their regulatory responsibilities to provide aging-out students with referrals to appropriate adult service agencies, as required under Section 200.4(h), (i) and (j) of the Regulations of the Commissioner of Education of New York. It outlines school district responsibilities for out-of-state students, in-state residential students, and in-state nonresidential students. For each type of student, an action checklist gives guidelines for identification of eligible students, notification, request for consent, referral, and annual reports. It also provides information on the state agencies to which students are referred for adult services, noting the addresses, telephone numbers, the types of services available, and the populations served. Appendices contain sample notification and consent letters, a referral form, guidelines for compilation of student records, and annual reporting forms. (JDD)

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ED295385

AGING OUT:

THE SCHOOL DISTRICT'S ROLE IN THE TRANSITION FROM SCHOOL TO ADULT SERVICES

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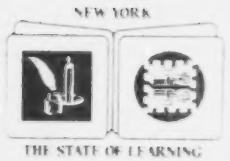

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OFFICE FOR EDUCATION OF CHILDREN
WITH HANDICAPPING CONDITIONS
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ASSISTANT COMMISSIONER FOR EDUCATION OF CHILDREN WITH HANDICAPPING CONDITIONS

August 1987

TO: School Board Presidents
District Superintendents
Superintendents of Public and Nonpublic Schools
New York City Superintendents
Principals of Secondary Schools
Committee on Special Education Chairpersons
Directors of Pupil Personnel Services
Directors of Special Education
Commissioner's Advisory Panel

FROM: Lawrence C. Gloeckler

SUBJECT: Aging Out: The School District's Role in the Transition from School to Adult Services

When students with handicapping conditions reach the age of 21 or attain a high school diploma, they are no longer eligible for a free appropriate public education. Many of these students will require an adult service agency to assist them in finding post-school employment, a sheltered work experience or a more intensive day program. Some may also require a residential component. The process by which students with severe handicapping conditions make this transition from educational to adult services is commonly called aging out.

This publication, Aging Out: The School District's Role in the Transition from School to Adult Services, was developed by the Office for Education of Children with Handicapping Conditions to assist local school districts in complying with their regulatory responsibilities under Section 200.4(h), (i) and (j) of the Regulations of the Commissioner of Education. The manual is divided into three major sections. The first section provides districts with a step-by-step guide which specifies their responsibilities under the aging out legislation. The second section provides information on the State agencies to which students are referred for adult services. This section describes the types of services available and the populations served by each agency. The third section provides school districts with sample notification, consent and annual reporting forms. In addition, a glossary provides definitions of key terms used throughout the manual.

To ensure that the manual accurately addresses concerns related to aging out, it was reviewed by staff of State agencies who are key to the system and by a number of local education agency (LEA) Committee on Special Education chairpersons. Comments and suggestions from the State agencies and LEA personnel were incorporated into the final document.

For further information regarding the manual or for additional copies, contact:

New York State Education Department
Office for Education of Children with
Handicapping Conditions
Division of Program Development
Room 1071, Education Building Annex
Albany, NY 12234
(518) 474-2251

ATTN: Aging Out Manual

AGING OUT:

THE SCHOOL DISTRICT'S ROLE IN THE TRANSITION FROM SCHOOL TO ADULT SERVICES

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The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office for Education of Children with Handicapping Conditions
Division of Program Development
Albany, New York 12234

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Introduction

Secondary students who are now reaching the conclusion of their educational careers were among the first to receive the full benefit of due process safeguards and programmatic provisions under Public Law 94-142, the Education of All Handicapped Children Act of 1975. Such programs have prepared students both academically and socially to more fully participate in a wide range of settings. As these students prepare to leave school, parents, administrators, local and State agency personnel have become increasingly aware of the need for expanded and creative services to enable these aging-out students to have a productive and meaningful adulthood.

Through Chapter 544 of the Laws of 1982, Chapter 570 of the Laws of 1983 and Chapter 462 of the Laws of 1984, the State Legislature provided the legal basis for planning for adult services. The legislation ensures that students with severe handicapping conditions are provided the opportunity to be referred to appropriate agencies prior to the completion of their school years. This provides a smooth transition to programs responsible for providing necessary adult services. The laws were implemented through additions to Section 200.4 of the Regulations of the Commissioner of Education.

Each of the above chapters focuses on a specific population of severely handicapped students. A summary of the process for each of the three chapters is given below:

Out-of-State Students — (Chapter 544 of the Laws of 1982)

Information on students who are residing at **out-of-state** schools and have attained, or will attain the age of **18** during the school year, is sent, upon the consent of the parent or eligible student, to the Office for Education of Children with Handicapping Conditions of the State Education Department (SED). When referral information is received, the packets are checked for completeness and forwarded to the Council on Children and Families to determine the appropriate agency(ies) to take responsibility for planning of adult services. If a packet is incomplete, it is returned to the district for additional information.

In-State Residential Students — (Chapter 570 of the Laws of 1983)

Information on students who are residing at **in-state** schools and have attained, or will attain the age of **18** during the school year, is forwarded, after receiving the appropriate consent, directly to the relevant adult service agency(ies) for planning of services to begin when the students have completed school. When referral information is received by an agency, it is checked for completeness and, if incomplete, is returned to the district for additional information.

If the agency determines that it is not the appropriate provider of adult services, the packet will be returned to the district to be forwarded to another adult service agency. If there is a dispute as to which agency may be respon-

sible, the district forwards the packet to the Council on Children and Families for resolution of the dispute.

In-State Nonresidential Students —
(Chapter 462 of the Laws of 1984)

Information on students who are attending **special education programs 100 percent of the time at in-state nonresidential schools, have intensive management needs and who in all likelihood will require adult services,** is sent, upon the consent of the parent or eligible student, to the appropriate adult service agency(ies). This process is begun at the first annual review following the date upon which a student becomes **15**. When information is received by an agency, it is checked for completeness and, if incomplete, returned to the district for additional information.

If the agency determines that it is not the appropriate provider of adult services, the packet will be returned to the district to be forwarded to another adult service agency. If there is a dispute as to which agency may be responsible, the district forwards the packet to the Council on Children and Families for resolution of the dispute.

LEA Responsibilities

This section provides guidelines for districts in fulfilling their responsibilities under the aging-out procedures. It is broken into three segments, based on whether the eligible student is attending an out-of-state or in-state residential school or is in a nonresidential special education program 100 percent of the time.

School districts initiate the process by referring each student to an appropriate adult service agency. There are five common steps which districts must take regarding students who are aging out:

- Identify students needing adult services;
- Send notice to parents and/or students;
- Obtain consent to release information;
- Make referral to agency(ies); and
- Submit reports to SED.

In some instances, a student may be referred to more than one agency. For example, a student may require mental health services as well as vocational rehabilitation services and may be referred to both the Office of Mental Health and the Office of Vocational Rehabilitation.

It is strongly suggested that current data be obtained by the district Committee on Special Education (CSE) for each student aging out to ensure that any referral made to an adult service provider contains appropriate details. Lack of data or out-of-date information may delay a response from the agency, or may require that the referral be returned to the district for additional data. It is also recommended that CSE members acquaint themselves with the adult service system to ensure that students are referred appropriately. By maintaining contact and establishing procedures for communication, CSEs will be in a position to appropriately assist students, agencies and parents.

The following section provides checklists for each sequence of steps which districts should follow to ensure compliance with the intent of the Education Law and Regulations of the Commissioner of Education for adult service planning for aging-out students.

Steps to Take Regarding Out-of-state Residential Students

REQUIREMENT: School districts must notify parents of students with handicapping conditions who have been placed in **out-of-state residential schools** and have attained the age of **18**, or the students themselves when appropriate, that such students will no longer be eligible for tuition-free public education at the end of the school year during which they attain the age of 21 or receive a high school diploma. Upon receipt of consent, districts must initiate referrals for such students to the appropriate adult service agency(ies).

ENABLING LEGISLATION: Chapter 544 of the Laws of 1982 and Chapter 82 of the Laws of 1985.

PURSUANT TO: Section 4401(1) of the Education Law.

REGULATION: Section 200.4(h) of the Regulations of the Commissioner of Education.

Action Checklist

____ 1) **Identification of Eligible Students:**

Eligible students are those who are attending **out-of-state residential schools** and have attained or will attain the age of 18 years during the school year.

____ 2) **Notification:**

By November 1st of the school year in which the student turns 18, or upon initial placement if over age 18, the district provides notification to the parents, and/or student where appropriate. The notice describes the student's opportunity to receive assistance in planning for adult services after 21, or upon receipt of a high school diploma. The notice must also describe the availability of coordination and provision of such services upon the student's return to New York State. (use appropriate Form A-1, A-2 or A-3)

____ 3) **Request For Consent:**

____ A) From the student, if 18 and older and parent does **not** have legal authority to provide consent (send Form A-1 to student, Form A-2 to parent, Form A-RS to residential school);

OR

____ B) From the parent, if he or she has secured the legal authority to grant consent (see Glossary on "guardianship", page 28) (Form A-3);

OR

____ C) If the student is not capable of granting consent, (i.e., neither grants nor withholds consent,) the following should occur:

- The designated staff person at the residential facility determines that the student is not able to understand the contents of the notice and need for consent (Form A-RS);

- The educational facility notifies the local CSE of such determination (Form A-RS);
- The CSE requests consent from the parent or guardian (Form A-3).

(See the section on Consent, page 26, for more information.)

____ D) If appropriate consent is not granted, no referral will be made. The student/parent must be notified again the following year.

____ 4) **Referral:**

Within **10 days** of receiving consent, forward necessary information (use Cover Sheet and Referral Packet Guidelines, Forms B-1, B-2) to SED along with the appropriate written consent.

____ 5) **Annual Report:**

Submit Annual Report to SED (use Annual Report, Form C-1). This report must be submitted **after June 30** and **prior to November 1** of each year and must report the referrals made and consents not granted in the preceding school year. Data should not be projected but should reflect **actual** numbers of students referred, as well as the number of students for whom consent was not granted. A report **must** be submitted, even if the number of students is zero.

Referrals and Annual Reports are to be submitted within the above timelines, to:

New York State Education Department
Office for Education of Children with
Handicapping Conditions
Division of Program Development
Room 1071 Education Building Annex
Albany, NY 12234
ATTN: Aging Out Compliance

Steps to Take Regarding In-state Residential Students

REQUIREMENT: School districts must notify parents of students with handicapping conditions who have been placed at **in-state residential schools** and have attained the age of **18**, or the students themselves when appropriate, that such students will no longer be eligible for tuition-free public education at the end of the school year during which they attain the age of 21 or receive a high school diploma. Upon receipt of consent, districts must initiate referrals of such students to the appropriate adult service agency(ies).

ENABLING LEGISLATION: Chapter 570 of the Laws of 1983 and Chapter 82 of the Laws of 1985.

PURSUANT TO:: Section 4402(1) of the Education Law.

REGULATION:: Section 200.4(i) of the Regulations of the Commissioner of Education.

Action Checklist

____ 1) **Identification of Eligible Students:**

Eligible students are those who are attending **in-state residential** schools and have attained or will attain the age of 18 years during the school year.

____ 2) **Notification:**

By November 1st of the school year in which the student turns 18, or upon initial placement if over age 18, the district provides notification to the parents, and student where appropriate. The notice describes the student's opportunity to receive assistance in planning for adult services after 21, or upon receipt of a high school diploma. The notice must also describe the availability of coordination and provision of such services upon the student's completion of school. (use appropriate Form A-4, A-5, or A-6)

____ 3) **Request For Consent:**

____ A) From the student, if 18 and older and parent does **not** have legal authority to provide consent (send Form A-4 to student, Form A-5 to parent, Form A-RS to residential school);

OR

____ B) From the parent, if he or she has secured the legal authority to grant consent (see Glossary on "guardianship" page 28) (Form A-6);

OR

____ C) If the student is not capable of granting consent, (i.e., neither grants nor withholds consent) the following should occur:

- The designated staff person at the residential facility determines that the student is not able to understand the contents of the notice and need for consent (Form A-RS);

- The educational facility notifies the local CSE of such determination (Form A-RS);
- The CSE requests consent from the parent or guardian (Form A-6).

(See the section on Consent, page 26, for more information.)

____ D) If appropriate consent is not granted, no referral will be made. The student/parent must be notified again the following year.

____ 4) **Referral:**

Within **10 days** of receiving consent, forward necessary information to the appropriate adult service agency(ies) (use Cover Sheet and Referral Packet Guidelines, Forms B-1 and B-2 and see Chapter II, State Agencies) along with the appropriate written consent.

____ 5) **Copy of Referral to SED:**

Send a copy of the referral data to SED.

____ 6) **Annual Report:**

Submit Annual Report to SED (use Annual Report, Form C-2). This report must be submitted **after June 30** and **prior to October 1** of each year and report the referrals made and consents not granted in the preceding school year. Data should not be projected but should reflect **actual** numbers of students referred, as well as the number of students for whom consent to release information was not granted. A report **must** be submitted, even if the number of students is zero.

Referrals and Annual Reports are to be submitted within the above timelines, to:

New York State Education Department
Office for Education of Children with
Handicapping Conditions
Division of Program Development
Room 1071 Education Building Annex
Albany, NY 12234
ATTN: Aging Out Compliance

Steps to Take Regarding In-state Nonresidential Program — 100 Percent Special Education Students Who Will Require Adult Services

REQUIREMENT: School districts must notify parents of certain students with handicapping conditions, or the students themselves when appropriate, that these students will no longer be eligible for tuition-free public education at the end of the school year during which they attain the age of 21 or receive a high school diploma. This requirement applies to **students who have been placed in a nonresidential school program in an in-state school, are receiving special services or programs 100 percent of the school day, are receiving individualized attention or intervention because of intensive management needs or a severe handicap, may need adult services as determined by the Committee on Special Education (CSE), and have attained the age of 15.** Upon receipt of consent, districts must initiate referrals of such students to the appropriate adult service agency(ies).

ENABLING LEGISLATION: Chapter 462 of the Laws of 1984.

PURSUANT TO: Section 4402(1) of the Education Law.

REGULATION: Section 200.4(j) of the Regulations of the Commissioner of Education.

Action Checklist

____ 1) **Identification of Eligible Students:**

Eligible students are those who are attending **in-state nonresidential programs**, are receiving special services or programs 100 percent of the school day, have intensive management needs or a severe handicapping condition, have attained the age of 15 and will in all likelihood require adult services.

____ 2) **Notification:**

Upon the first annual review of an eligible student after the age of 15, the district provides notification to the parents, and student where appropriate. The notice describes the student's opportunity to receive assistance in planning for adult services after 21, or upon receipt of a high school diploma. The notice must also describe the availability of coordination and provision of such services upon the student's completion of school (Form A-7).

____ 3) **Request For Consent:**

____ A) From the parent*, if student is 15 to 17 years of age (Form A-7); or

____ B) From the student, if student is 18 years of age or older, unless another person has secured the legal authority to grant consent (send Form A-8 to student, Form A-9 to parent) (see Glossary on "guardianship", page 28).

(See the section on Consent, page 26, for more information.)

____ C) If appropriate consent is not granted, no referral will be made. The parent/student must be notified again the following year.

____ 4) **Referral:**

Within **10 days** of receiving consent, forward necessary information to the appropriate adult service agency(ies) (use Cover Sheet and Referral Packet Guidelines, Forms B-1 and B-2 and see Chapter II, State Agencies) along with the appropriate written consent.

____ 5) **Copy of Referral to SED:**

Send a copy of the referral data to SED.

____ 6) **Annual Report:**

Submit Annual Report to SED (use Annual Report, Form C-3). This report must be submitted **after June 30** and **prior to October 1** of each year and report the referrals made and consents not granted in the preceding school year. Data should not be projected but should reflect **actual** numbers of students referred, as well as the number of students for whom consent to release information was not granted. A report **must** be submitted, even if the number of students is zero.

Referrals and Annual Reports are to be submitted within the above timelines, to:

New York State Education Department
Office for Education of Children with
Handicapping Conditions
Division of Program Development
Room 1071 Education Building Annex
Albany, NY 12234
ATTN: Aging Out Compliance

* If the CSE receives a request for additional information after the student turns 18, which requires a new consent (i.e., data that was not included in the original consent form), the new consent must be obtained from the **student**.

Adult Service Providers

This chapter identifies and provides information on the functions of the State agencies to which local Committees on Special Education (CSEs) may refer eligible students under the aging-out statutes. These State agencies provide a variety of services in different settings. It is necessary for a CSE to have an understanding of the services that each adult agency provides in order to ensure an appropriate referral.

The descriptions give an overview of the programs and services each State agency oversees. For more detailed information, contact the central, local or regional offices for each agency as specified in the following section. The telephone numbers and addresses are provided. Where appropriate, a description of the types of clients served is also provided.

Commission for the Blind and Visually Handicapped of the Department of Social Services

The Commission for the Blind and Visually Handicapped (CBVH) is a part of the Department of Social Services. The Commission provides vocational rehabilitation services to eligible people who are legally blind. The commission also provides non-vocational rehabilitation services to children and elderly people to identify and access other needed services within their communities.

The adult services offered by the Commission for the Blind and Visually Handicapped are:

1. Vocational Evaluation
2. Psychological Evaluation
3. Physical Therapy and Occupational Therapy
4. Psychotherapy
5. Social Services
6. Low Vision Services
7. Vocational Training
8. Adjustment Training
9. Personal Management Skills/Activities of Daily Living
10. Home Management Skills
11. Communication Skills
12. Orientation and Mobility
13. Placement Services

See the list of regional offices of CBVH from which additional assistance in the referral process may be obtained.

Referrals to CBVH should be made to the central office at:

New York State Department of Social Services
Commission for the Blind and Visually
Handicapped
40 North Pearl Street
Albany, New York 12243
PHONE: (518) 473-1801

NYS Department of Social Services Commission for the Blind and Visually Handicapped (Counties marked with an asterisk (*) are served by the satellite office instead of the district office.)

BUFFALO DISTRICT OFFICE
295 Main Street, Room 1000
Buffalo, NY 14203
(716) 847-3525
(716) 847-3517

Counties Served: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming

ROCHESTER DISTRICT OFFICE
Monroe Square
259 Monroe Avenue
Rochester, NY 14607
(716) 238-8109
(716) 238-8102

Elmira Satellite Office*
Room 312
Human Resources Center
425 Pennsylvania Avenue
Elmira, NY 14904
(607) 737-1007

Counties Served: Chemung*, Livingston, Monroe, Ontario, Schuyler*, Seneca, Steuben*, Wayne, Yates

SYRACUSE DISTRICT OFFICE
333 East Washington Street, Room 517
Syracuse, NY 13202
(315) 428-4135
(315) 428-4145

Binghamton Satellite Office*
State Office Building Annex
Room 304
164 Hawley Street
Binghamton, NY 13902
(607) 773-7819

Counties Served: Broome*, Cayuga, Chenango*, Cortland*, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Tioga*, Tompkins*

ALBANY DISTRICT OFFICE
74 State Street, 6th Floor
Albany, NY 12207
(518) 474-8553
(518) 474-1119

Tupper Lake Satellite Office*
c/o Sunmount DDSO
Building 11
Tupper Lake, NY 12986
(518) 359-2141

Counties Served: Albany, Clinton, Columbia, Delaware, Essex*, Franklin*, Fulton, Greene, Hamilton*, Montgomery, Otsego, Rensselaer, St. Lawrence*, Saratoga, Schenectady, Schoharie, Warren*, Washington

WHITE PLAINS DISTRICT OFFICE
200 Mamaroneck Avenue, Room 603
White Plains, NY 10601
(914) 946-1698

Counties Served: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester

270 BROADWAY DISTRICT OFFICE
270 Broadway, 6th Floor
New York, NY 10007
(212) 587-5226
(212) 587-5227

Counties Served: Kings, Richmond, Queens

HEMPSTEAD DISTRICT OFFICE
175 Fulton Avenue, Room 300
Hempstead, NY 11550
(516) 538-7111
(516) 538-7077

Counties Served: Nassau, Suffolk

HARLEM DISTRICT OFFICE
163 West 125th Street 13th Floor
New York, NY 10027
(212) 870-4442
(212) 870-4446
(212) 870-4447

Counties Served: Manhattan, Bronx

Department of Social Services

The Department of Social Services (DSS) provides a wide array of services for people who are economically and socially disadvantaged. Its Division of Adult Services is responsible for the development of residential and community-based service programs for adults with physical, mental or social disabilities. The Division also supervises residential facilities to protect the rights of clients, ensure adequate levels of care and maintain the appropriateness of placements.

The adult services offered by the Department of Social Services include:

1. Foster Care Services
2. Educational Services
3. Employment Services
4. Health Related Services
5. Homemaker Services
6. Home Management Services
7. Housing Improvement Services
8. Protective Services
9. Jobs and Independence for Youth Program
10. Transitional Funding
11. Public Assistance Program

See the list of local social services offices from which additional assistance in the referral process may be obtained.

Referrals to DSS should be made to the local social services districts.

Local Social Services Districts

ALBANY COUNTY
112 State Street
6th Floor
Albany, NY 12207
(518) 447-7300

ALLEGANY COUNTY
County Office Building
Belmont, NY 14813
(716) 268-7661

BROOME COUNTY
36-38 Main Street
Binghamton, NY 13905
(607) 772-2660

CATTARAUGUS COUNTY
265 North Union Street
Olean, NY 14760
(716) 375-4011

CAYUGA COUNTY
County Office Building
160 Genesee Street
Auburn, NY 13021
(315) 253-1011

CHAUTAUQUA COUNTY
Hall R. Clothier Health and
Social Services Building
Mayville, NY 14757
(716) 753-4421

CHEMUNG COUNTY
Human Resource Center
425-447 Pennsylvania Avenue
Elmira, NY 14904-1795
(607) 737-5302

CHENANGO COUNTY
County Office Building
Norwich, NY 13815
(607) 335-4537

CLINTON COUNTY
30 Durkee Street
Plattsburgh, NY 12901
(518) 565-3300

COLUMBIA COUNTY
610 State Street
Hudson, NY 12534
(518) 828-9411

CORTLAND COUNTY
County Office Building
P.O. Box 5590
60 Central Avenue
Cortland, NY 13045
(607) 753-9681

DELAWARE COUNTY
111 Main Street
Delhi, NY 13753
(607) 746-2325

DUTCHESS COUNTY
14 Academy Street
Poughkeepsie, NY 12601
(914) 431-5000

ERIE COUNTY
95 Franklin Street
8th Floor
Buffalo, NY 14202
(716) 846-8850

ESSEX COUNTY
Court House
Elizabethtown, NY 12932
(518) 873-6301

FRANKLIN COUNTY
Court House
Malone, NY 12953
(518) 483-6767

FULTON COUNTY
Fulton County Building
P.O. Box 549
Johnstown, NY 12095
(518) 762-4671

GENESEE COUNTY
3837 West Main Road
Batavia, NY 14020
(716) 344-2580

GREENE COUNTY
465 Main Street
Catskill, NY 12414
(518) 943-3200

HAMILTON COUNTY
Court House
Lake Pleasant, NY 12108
(518) 548-3462

HERKIMER COUNTY
County Office Building
Box 231
Herkimer, NY 13350
(315) 867-1222

JEFFERSON COUNTY
175 Arsenal Street
Watertown, NY 13601
(315) 782-9030

LEWIS COUNTY
Outer Stowe Street
P.O. Box 193
Lowville, NY 13367
(315) 376-5400

LIVINGSTON COUNTY
Livingston County Campus
Building #3
Mt. Morris, NY 14510
(716) 658-2801

MADISON COUNTY
P.O. Box 637
Wampsville, NY 13163
(315) 366-2211

MONROE COUNTY
111 Westfall Road
Room 660
Rochester, NY 14620
(716) 442-4000

MONTGOMERY COUNTY
County Office Building
Fonda, NY 12068
(518) 853-4646

NASSAU COUNTY
County Seat Drive
Mineola, NY 11501
(516) 535-4820

NEW YORK CITY
250 Church Street
Room 1500
New York, NY 10013
(212) 553-5997

NIAGARA COUNTY
100 Davison Road
P.O. Box 506
Lockport, NY 14094
(716) 439-6333

ONEIDA COUNTY
County Office Building
800 Park Avenue
Utica, NY 13501
(315) 798-5700

ONONDAGA COUNTY
Onondaga Co. Civic Center
421 Montgomery Street
Syracuse, NY 13202
(315) 425-2222

ONTARIO COUNTY
120 North Main Street
Canandaigua, NY 14424
(716) 394-1440

ORANGE COUNTY
Quarry Road, Box Z
Goshen, NY 10924
(914) 294-9361

ORLEANS COUNTY
14016 Route 31 West
Albion, NY 14411
(716) 589-7004

OSWEGO COUNTY
Spring Street
Mexico, NY 13114
(315) 963-7271

OTSEGO COUNTY
County Office Building
197 Main Street
Cooperstown, NY 13326
(607) 547-4294

PUTNAM COUNTY
110 Old Route 6 Center
Carmel, NY 10512
(914) 225-7040

RENSSELAER COUNTY
133 Bloomingrove Drive
Troy, NY 12180
(518) 283-2000

ROCKLAND COUNTY
Building L
Sanatorium Road
Pomona, NY 10970
(914) 354-0200

ST. LAWRENCE COUNTY
Harold B. Smith County
Office Building
Judson Street
Canton, NY 13617
(315) 379-2111

SARATOGA COUNTY
County Complex
Ballston Spa, NY 12020
(518) 885-5381

SCHENECTADY COUNTY
487 Nott Street
Schenectady, NY 12308
(518) 382-3400

SCHOHARIE COUNTY
Schoharie, NY 12157
(518) 295-8134

SCHUYLER COUNTY
County Office Building
Watkins Glen, NY 14891
(607) 535-4965, 2780, 2789

SENECA COUNTY
2226 County House Road
Waterloo, NY 13165-9461
(315) 568-9854

STEUBEN COUNTY
P.O. Box 631
Bath, NY 14810
(607) 776-7611

SUFFOLK COUNTY
Box 2000
10 Oval Drive
Hauppauge, NY 11788
(516) 348-4000

SULLIVAN COUNTY
Box 231
Infirmary Road
Liberty, NY 12754
(914) 292-4900

TIOGA COUNTY
P.O. Box 240
Owego, NY 13827
(607) 687-5000

TOMPKINS COUNTY
1283 Trumansburgh Rd.
Ithaca, NY 14850
(607) 274-5211

ULSTER COUNTY
268R Clinton Avenue
P.O. Box 1800
Kingston, NY 12401
(914) 331-9300

WARREN COUNTY
Warren County Municipal
Center
Lake George, NY 12845
(518) 761-6300

WASHINGTON COUNTY
6 Church Street
Granville, NY 12832
(518) 632-5212, 642-5212, 2800

WAYNE COUNTY
16 William Street
P.O. Box 10
Lyons, NY 14489-0010
(315) 946-4881

WESTCHESTER COUNTY
112 East Post Road
White Plains, NY 10601
(914) 285-5500

WYOMING COUNTY
466 North Main Street
Warsaw, NY 14569
(716) 786-3111

YATES COUNTY
County Office Building
110 Court Street
Penn Yan, NY 14527
(315) 536-4451

Office of Mental Health

The Office of Mental Health (OMH) is responsible for assuring the development of comprehensive plans, programs and services in the areas of research, prevention, treatment, rehabilitation, education and training of people who are mentally ill. Individuals who are appropriate for referral to OMH must be determined to have a severe emotional/behavioral disturbance. These individuals must also have an IQ above 50. Although a psychiatric diagnosis is not a prerequisite for making a referral to OMH, districts should be aware that such an evaluation would facilitate the processing and planning of such a referral.

To meet the needs of mentally ill individuals, OMH operates and licenses a comprehensive array of out-patient day programs and residential services. Day programming is provided by a network of over 900 certified voluntary State and county out-patient programs. Some of the services that are provided through these out-patient programs include vocational rehabilitation, employment training, verbal and medication therapy, case management and social support. In addition, a limited number of residential programs are being developed for specialized populations including those individuals having a primary diagnosis of mental illness and a secondary diagnosis of mental retardation.

OMH is currently developing a continuum of community residential services. The philosophy underlying this new system is that residential services should assist individuals with the development of skills necessary for successful re-entry into the community at a pace commensurate with their level of functioning.

See the list of regional offices of OMH from which additional assistance in the referral process may be obtained.

Referrals to OMH should be sent to:

New York State Department of Mental Health
44 Holland Avenue
Albany, New York 12229
PHONE: (518) 474-8394

Office of Mental Health Regional Offices

NEW YORK CITY REGIONAL OFFICE
Gertz Building
92-31 Union Hall Street
Jamaica, NY 11433-1186
(718) 739-4974

Counties Served: 5 boroughs

LONG ISLAND REGIONAL OFFICE
P.O. Box 600
Brentwood, NY 11717
(516) 231-6070

Counties Served: Nassau, Suffolk

HUDSON RIVER REGIONAL OFFICE
Hudson River Psychiatric Center
Branch B
Poughkeepsie, NY 12601
(914) 452-1540

Counties Served: Warren, Washington, Schenectady, Schoharie, Albany, Rensselaer, Greene, Columbia, Sullivan, Ulster, Dutchess, Orange, Putnam, Rockland, Westchester

CENTRAL REGIONAL OFFICE
545 Cedar Street
Syracuse, NY 13210
(315) 428-4531

Counties Served: St. Lawrence, Franklin, Clinton, Jefferson, Lewis, Herkimer, Hamilton, Essex, Oswego, Oneida, Fulton, Cayuga, Onondaga, Madison, Otsego, Montgomery, Cortland, Chenango, Tioga, Broome, Delaware

WESTERN REGIONAL OFFICE
Buffalo Psychiatric Center
570 Forest Avenue
Buffalo, NY 14222
(716) 885-5014

Counties Served: Chautauqua, Cattaraugus, Allegany, Steuben, Chemung, Tompkins, Schuyler, Seneca, Yates, Ontario, Livingston, Wyoming, Erie, Niagara, Orleans, Genesee, Monroe, Wayne

Office of Mental Retardation and Developmental Disabilities

The Office of Mental Retardation and Developmental Disabilities (OMRDD) sponsors, regulates and certifies facilities and programs which serve people who are mentally retarded or have developmental disabilities. OMRDD offers a range of adult services including facility-based and community-based residential programs and nonresidential programs which include day treatment, day training and sheltered work. Services are also provided to people who have such disabilities as epilepsy, cerebral palsy, autism, and other neurological impairments. The following is a brief description of specific developmental disability groups served by OMRDD:

Autism is a condition characterized by severe disorders in learning and behavior that begin in early childhood and have a marked effect on informational learning, developmental rate and sequences, responses to environmental events, communication and interpersonal relationships.

Cerebral palsy is a group of dysfunctions characterized by difficulty in muscular control and sensory functions, mobility (in most cases) and speech and hand movements.

Epilepsy is a term which includes a number of brain-centered nervous system disorders characterized by sudden seizures, muscle convulsions, and partial or total loss of consciousness due to abnormal patterns or electrical discharges of brain cells.

Mental retardation is defined as sub-average intellectual functioning that originates during the developmental period and is associated with impairment in adaptive behavior.

Neurological impairments encompass a diverse group of conditions, all of which relate to some form of central nervous system dysfunction. Included in the definition are conditions such as neurologically-based severe learning disabilities, and such specific conditions as spina bifida, Tourette's syndrome, neurofibromatosis, Prader-Willi syndrome and sensory impairments.

Upstate referrals to OMRDD should be sent directly to District Developmental Services Offices (DDSO); referrals from New York City should be sent to the New York City Services Group.

Additional information may also be received from:

New York State Office of Mental Retardation
and Developmental Disabilities
44 Holland Avenue
Albany, New York 12229
PHONE: (518) 474-6067

Office of Mental Retardation and Developmental Disabilities Regional Offices

CRAIG DEVELOPMENTAL SERVICES OFFICE
Craig Developmental Services Office
c/o Craig Developmental Center
Sonyea, NY 14556
(716) 658-2221

Counties Served: Chemung, Livingston Schuyler, Steuben, Wyoming

J.N. ADAM DEVELOPMENTAL SERVICES OFFICE
c/o J.N. Adam Developmental Center
Perrysburgh, NY 14129
(716) 532-5522

Counties Served: Cattaraugus, Chautauqua Allegany

MONROE DEVELOPMENTAL SERVICES OFFICE
620 Westfall Road
Rochester, NY 14620
(716) 461-8500

Counties Served: Monroe

NEWARK DEVELOPMENTAL SERVICES OFFICE
c/o Newark Developmental Center
703 East Maple Avenue
Newark, NY 14513
(315) 331-1700

Counties Served: Ontario, Seneca, Wayne, Yates

WEST SENECA DEVELOPMENTAL SERVICES OFFICE
West Seneca Developmental Services Office
1200 East and West Road
West Seneca, NY 14224
(716) 674-6300

Counties Served: Erie, Genesee, Niagara, Orleans

BROOME DEVELOPMENTAL SERVICES OFFICE
c/o Broome Developmental Center
Glenwood Road
Binghamton, NY 13905
(607) 770-0211

Counties Served Broome, Chenango, Delaware, Otsego, Tioga, Tompkins

ELEANOR ROOSEVELT DEVELOPMENTAL SERVICES OFFICE
c/o O.D. Heck Developmental Center
Balltown and Consaul Roads
Schenectady, NY 12304
(518) 370-7370

Counties Served: Albany, Columbia, Greene, Schenectady, Schoharie, Rensselaer

ROME DEVELOPMENTAL SERVICES OFFICE
c/o Rome Developmental Center
Box 550
Rome, NY 13440
(315) 336-2300

Counties Served: Herkimer, Lewis, Oneida

SUNMOUNT DEVELOPMENTAL SERVICES OFFICE
c/o Sunmount Developmental Center
Tupper Lake, NY 12985
(518) 359-3311

Counties Served: Clinton, Essex, Franklin, Jefferson, St. Lawrence

SYRACUSE DEVELOPMENTAL SERVICES OFFICE
c/o Syracuse Developmental Center
800 South Wilbur Avenue
Syracuse, NY 13204
(315) 473-5050

Counties Served: Cayuga, Cortland, Madison, Onondaga, Oswego

WILTON DEVELOPMENTAL SERVICES OFFICE
c/o Wilton Developmental Center
10 Railroad Place
Saratoga Springs, NY 12866
(518) 583-2810

Counties Served: [illegible]lton, Hamilton, Montgomery, Sara[illegible]ga, Warren, Washington

LETCHWORTH DEVELOPMENTAL SERVICES OFFICE
c/o Letchworth Village
Thiells, NY 10984
(914) 947-1000

Counties Served: Orange, Rockland, Sullivan

LONG ISLAND DEVELOPMENTAL SERVICES OFFICE
415 A Oser Avenue
Hauppauge, NY 11788
(516) 271-3900

Counties Served: Nassau, Suffolk

WASSAIC DEVELOPMENTAL SERVICES OFFICE
149 Union Street
Poughkeepsie, NY 12601
(914) 877-6821

Counties Served: Dutchess, Putnam, Ulster

WESTCHESTER DEVELOPMENTAL SERVICES OFFICE
580 White Plains Road
Tarrytown, NY 10591
(914) 631-8188

Counties Served: Westchester

Referrals to the Five Boroughs of New York City, **Bronx, Brooklyn, Manhattan, Queens** and **Staten Island**, should be sent to:
OMRDD New York City Regional Office
305 Broadway
New York, NY 10007
(212) 587-4540

Office of Vocational Rehabilitation of the State Education Department

The Office of Vocational Rehabilitation (OVR) is a part of the State Education Department. The Office's purpose is to restore, develop or improve the productive capability and activity of people with disabilities (other than people who are legally blind) by providing rehabilitation services and training according to their individual needs. Services are provided to eligible individuals to prepare them for employment. Assistance is also provided to people with disabilities who are having difficulty keeping jobs.

Eligibility for vocational rehabilitation services requires that the client have a physical, mental or emotional disability; that the stated disability constitutes or results in a substantial handicap to employment for the client; and that there is a reasonable expectation that vocational rehabilitation services may benefit the client in terms of employability.

OVR is able to serve eligible persons with any kind of disabling condition, physical impairment, psychiatric disability, mental retardation or learning disability. The single exception is that OVR cannot serve people who are blind or legally blind; they should be referred to the Commission for the Blind and Visually Handicapped.

The adult services offered by the Office of Vocational Rehabilitation are:

1. Diagnostic Services and Evaluation for Rehabilitation Potential
2. Counseling, Guidance and Referral Services
3. Physical and Mental Restoration Services
4. Vocational and Other Training
5. Transportation
6. Interpreter Services for Hearing Impaired Individuals
7. Reader Services and Rehabilitation Teaching Services
8. Telecommunications, Sensory and Other Technological Aids
9. Employment Placement
10. Post-employment Services
11. Medical Care for Acute Conditions
12. Tools, Initial Stock, Equipment, Supplies and Occupational Licenses
13. Home Modification, Adaptive and Household Equipment
14. Vehicle Modification and Adaptive Equipment
15. Attendant Services

See the list of local OVR offices from which additional assistance may be obtained.

Referrals to OVR should be sent directly to district offices.

District Offices of the Office of Vocational Rehabilitation

ALBANY DISTRICT OFFICE
55 Elk Street, Room 301
Albany, NY 12207
(518) 473-8097
TTY: (518) 473-8467

Counties Served: Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington

BINGHAMTON DISTRICT OFFICE
92 Hawley Street
Binghamton, NY 13901
(607) 734-7830
TTY: (607) 773-7998

Elmira Satellite Office
110 West Second Street
Elmira, NY 14901
(607) 734-5294
V/TTY: (607) 734-4676

Counties Served: Broome, Chemung, Chenango, Delaware, Otsego, Schuyler, Steuben, Tioga, Tompkins

BRONX DISTRICT OFFICE
1500 Pelham Parkway South
1st Floor
Bronx, NY 10461
(212) 931-3500
TTY: (212) 828-4003

Counties Served: Bronx

BROOKLYN DISTRICT OFFICE
111 Livingston Street
24th Floor
Brooklyn, NY 11201
(718) 834-6550
TTY: (718) 834-6562

Counties Served: Kings

BUFFALO DISTRICT OFFICE
125 Main Street
8th Floor
(State Office Building)
Buffalo, NY 14203
(716) 847-3294
TTY: (716) 847-1495

Counties Served: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming

HAUPPAUGE DISTRICT OFFICE
State Office Building
Veterans Highway
Hauppauge, NY 11788
(516) 360-6357
TTY: (516) 360-6370

Counties Served: Suffolk

HEMPSTEAD DISTRICT OFFICE
50 Clinton Street
Room 708
Hempstead, NY 11550
V/TTY: (516) 483-6510

Counties Served: Nassau

MALONE DISTRICT OFFICE
East Main Street Road
1st Floor
R.D. #1, Box 39
Malone, NY 12953
(518) 483-3530
TTY: (518) 483-6070

Counties Served: Clinton, Essex, Franklin, St. Lawrence

MANHATTAN DISTRICT OFFICE
116 West 32nd Street
6th Floor
New York, NY 10001
(212) 563-6400
TTY: (212) 563-8361,
(212) 563-8351

Harlem Satellite Office
163 West 125th Street
New York, NY 10027
(212) 870-4420

Staten Island Satellite Office
1139 Hylan Boulevard
Staten Island, NY 10305
(718) 816-4800

Counties Served: New York, Richmond

POUGHKEEPSIE DISTRICT OFFICE
120 Dutchess Turnpike
Canterbury Plaza
1st Floor
Poughkeepsie, NY 12603
(914) 452-5325
TTY: (914) 452-5995

Counties Served: Dutchess, Orange, Putnam, Sullivan, Ulster

QUEENS DISTRICT OFFICE
1 Lefrak Plaza
59-17 Junction Boulevard
20th Floor
Corona, NY 11368
(718) 271-9346
TTY: (718) 271-9799

Counties Served: Queens

ROCHESTER DISTRICT OFFICE
109 South Union Street
2nd Floor
Rochester, NY 14067
(716) 325-5990
TTY: 325-6278

Counties Served: Livingston, Monroe, Ontario, Seneca, Wayne, Yates

SYRACUSE DISTRICT OFFICE
333 East Washington Street
Room 230
State Office Building
Syracuse, NY 13202
(315) 428-4179
TTY: (315) 428-4164

Counties Served: Cayuga, Cortland, Jefferson, Madison, Onondaga, Oswego

UTICA DISTRICT OFFICE
State Office Building
207 Genesee Street
Utica, NY 13501
(315) 793-2536
TTY: (315) 724-3794

Counties Served: Fulton, Hamilton, Herkimer, Lewis, Montgomery, Oneida

WHITE PLAINS DISTRICT OFFICE
55 Church Street
3rd Floor
White Plains, NY 10601
(914) 946-1313
TTY: (914) 946-1520

Counties Served: Rockland, Westchester

Council on Children and Families

The Council on Children and Families (CCF) is not a direct provider of services. The CCF was established to promote the more efficient organization and operation of services for children and families by State, local, public and voluntary systems. The Council provides a forum for discussion and resolution of interagency questions and disputes.

The Council plays a major role in the aging-out issue by facilitating interagency information sharing and by resolving disputes concerning the determination of the agency with adult services planning responsibility. When a disagreement arises among agencies as to which is the appropriate provider of adult services, the Council initiates a "dispute resolution process." This occurs when a CSE makes a referral to two State agencies, and neither agency believes it is responsible for the student in question.

In a dispute situation, the CSE requests assistance from the Council on Children and Families in the following manner:

1. A cover letter indicating two agency rejections
2. Documentation of the rejections
3. A copy of supporting educational data (see Form B-2)

These pieces of information are then forwarded to the Council for review. Once the Council completes its review, it makes a determination of which agency is most appropriate and forwards the packet to the Commissioner of that agency. The Council also notifies the CSE of its decision.

Information can be received from:

State of New York Council on Children and Families
Hard to Place Children's Activities Unit
Mayor Erastus Corning 2nd Tower Building
28th Floor
Empire State Plaza
Albany, New York 12223
PHONE: (518) 474-6294

Consent for Release of Educational Information

The Family Educational Rights and Privacy Act of 1974 (The Buckley Amendment) makes provision for the protection of each student's educational records. The amendment further provides that when a student attains the age of 18, parents no longer have the right of access to educational information pertaining to the student nor the right of consenting to the release of such records. Therefore, it is strongly recommended that a representative of the Committee on Special Education meet personally with the parent or guardian of each student affected by this legislation to review the Notice and Consent documents requesting permission to release educational records (see appendices) and to establish assurances that, if appropriate, the parent does have the legal right to represent the interests of the child.

Guardianship and Students 18 and Older

If the parent or guardian does not have the right to act on behalf of the student, the school district must communicate directly with the student to obtain his or her personal consent to the proposed action. In cases where it is evident that a person other than the student should be representing the student's interests, the parent or guardian may be appointed to serve as the legal representative of the student. Such appointments may be made by a county court, State Supreme Court or in Surrogate's Court. See the definition of a "guardianship" in the Glossary, page 28. The school district should suggest that the parent obtain legal assistance, and refer the parent to the list maintained by the Committee on Special Education in accordance with Section 200.5(a)(2)(iv) of the Regulations of the Commissioner of Education, listing providers of free or low-cost legal services.

Special Consent Procedures for Students Residing at In-state or Out-of-state Schools

Pursuant to Chapter 82 of the Laws of 1985, pupils at in-state or out-of-state residential schools who have attained the age of 18 years must be given the opportunity to consent or withhold consent to the release of any relevant information for the purpose of adult planning. If a district has determined that the parent or guardian does not have the legal right to act on behalf of a particular student, the Notice and Consent form must be sent directly to the student.

If the pupil neither consents nor withholds consent and a staff member of the educational facility which the child attends has reason to believe that the student may not be able to understand the purpose of the consent form, the school district shall then give the parents the opportunity to consent in writing to the release of relevant information.

Glossary

Aging-Out: 1. A term applying to students who are nearing the end of their education careers. It is generally used in regard to students who have severe disabilities and who will require programs and services into their adult years.

2. This term also applies to the three chapters of law, (544 L. 1982, 570 L. 1983, 462 L. 1984) that require CSEs to initiate referrals to adult service agencies.

Notice: A written statement in English, and translated when appropriate, into the parent's dominant language or mode of communication, which describes the proposed action to be taken by a CSE on behalf of a student.

Educational Data: Information which clearly identifies the referred student with regard to educational, psychological, social and other factors which may affect adult programming.

Chapter 544 (L. 1982): Section 4407(1) Pertains to the referral process for students who are enrolled in **out-of-state** programs, who are turning **18** years of age, and who will require adult services at the end of their educational careers because of the severity of their handicapping conditions.

Chapter 570 (L. 1983): Section 4402(1) Pertains to the referral process for students who are enrolled in **in-state residential programs**, who are turning **18** years of age, and who will require adult services at the conclusion of their educational careers due to the severity of their handicapping conditions.

Chapter 462 (L. 1984): Section 4402(1)(b) Pertains to the referral process for students who are enrolled 100 percent of the time in **in-state nonresidential** special education programs, who are turning **15** years of age, and who will require adult services at the conclusion of their educational careers due to the severity of their handicapping conditions.

Chapter 82 of the Laws of 1985: Allows the school district CSE to request the parent's consent to make a referral when it is determined by the residential program which the student is attending, for students 18 and over, that the student does **not** understand giving or withholding consent. This chapter applies **only** to students in residential programs (Chapters 544 and 570). It does **not** apply to students in 100 percent special education nonresidential programs (Chapter 462).

CBVH: The Commission for the Blind and Visually Handicapped of the State Department of Social Services.

DSS: The Department of Social Services.

OMH: The Office of Mental Health.

OMRDD: The Office of Mental Retardation and Developmental Disabilities.

OVR: The Office of Vocational Rehabilitation of the State Education Department.

SED: The State Education Department.

Guardianship: The circumstance in which one has the care of another person or another person's property. Under Article 17-A of the Surrogate's Court Procedure Act, there is a procedure which permits parents or other concerned parties to provide protection for a person who is mentally retarded and will require assistance in managing his/her affairs. A process is established for appointment of a guardian to protect the rights of a person who is mentally retarded. (Refer to Article 17A, Section 1750 of the Surrogate's Court Procedure Act for this process).

There are other procedures, that do not result in the transfer of guardianship, which can be used to obtain the authority to make decisions for an adult. These procedures are carried out in State Supreme Court or a County Court. Under Mental Hygiene Law, Section 78.03, a procedure is available for concerned individuals, such as parents, to initiate a process granting authority to act on behalf of a person not competent to handle decisions such as giving or withholding consent.

Legal References Pertaining to Aging Out Compliance

Education Law Article 89

Section 4407(1) amended by Chapter 544 of the Laws of 1982.
Section 4402(1) amended by Chapter 570 of the Laws of 1983.
Section 4402(1) amended by Chapter 462 of the Laws of 1984.

Chapter 82 of the Laws of 1985

Amended Education Law Sections 4402(1) and 4407(1).

Part 200 of the Regulations of the Commissioner of Education

Section 200.4(h) out-of-state residential.
Section 200.4(i) in-state residential.
Section 200.4(j) in-state nonresidential 100 percent special education.

Appendices

This section contains sample letters, forms and reports for use by district Committees on Special Education (CSEs) as they comply with the Aging Out regulations.

Appendix A includes Sample Notice and Consent Letters.

Appendix B includes Referral Form and Recommended Guidelines for compilation of student records.

Appendix C includes Annual Report Forms.

APPENDIX A
Sample Notice and Consent Letters

The sample Notice and Consent letters should be placed on district letterhead and sent to the appropriate parents, students and/or facility staff.

	Sample Packets
Out-of-state Residential Students:	
Notice to and Consent from Student	A-1
Notice to Parent	A-2
Notice to and Consent from Parent	A-3
Letter to Residential School	A-RS
In-state Residential Students:	
Notice to and Consent from Student	A-4
Notice to Parent	A-5
Notice to and Consent from Parent	A-6
Letter to Residential School	A-RS
In-state Nonresidential (Day) Students:	
Notice to and Consent from Parent	A-7
Notice to and Consent from Student	A-8
Notice to Parent	A-9

200.4(h)	**Key Person:**	Student	**Packet**
	Related To:	Out-of-State Residential	**A-1**
	Topic:	Notice and Consent	

Use this letter to communicate with **students** at out-of-state residential schools regarding notice of ending eligibility for educational services and to request consent to release educational records for the purpose of planning for adult services.

School District Letterhead

Student Name and Address

Date
Residential Facility

Dear (Student):

In New York State, a free appropriate public education is provided until a student is 21 years of age or receives a high school diploma. Since you will turn 21 on _____, you will no longer be provided with a free appropriate public education after the _____ school year. If you should receive a high school diploma before you turn 21, your eligibility would end at that time.

It is important to begin to plan for your future. This letter is being sent to tell you about help that is available for this planning. This letter will also describe the events related to planning for adult services which will take place when we receive your written consent.

You will have the opportunity to receive help from the Council on Children and Families in planning for your future. With your permission, the Council will assist in determining if you will need services after reaching the age of 21 and help plan for obtaining these services upon your return to New York State. This help is given as follows:

- Within 10 days after receiving your written permission, the information which is listed on the enclosed Notice and Consent Form will be sent to the Commissioner of Education.
- Within 30 days of receipt, the Commissioner of Education will forward this information, and any other important information and recommendations he may have, to the Council on Children and Families.
- The Council will review all the information and make a recommendation to the appropriate public and private agencies which may provide services to you. These agencies include the Office of Mental Retardation and Developmental Disabilities, the Office of Mental Health, the Office of Vocational Rehabilitation of the State Education Department, the Department of Social Services and the Commission for the Blind and Visually Handicapped of the Department of Social Services.
- The Council's program recommendation will be forwarded to you at least six (6) months before you reach 21 years of age.

Your written consent is needed on the attached form so that your name and school information can be released for this purpose and planning can begin. This information includes the most recent special education evaluations, individualized education program and other reports and materials as listed on the enclosed Notice and Consent Form. You may come to my office and review the reports to be sent. Someone from the school district will explain the reports to you. You may contribute other materials and infor-

mation. **This information will be carefully protected. It will not be shared with anyone who does not have a legitimate interest in your future.**

- Please sign your name on the enclosed Notice and Consent Form and send the original back to me, keeping a copy for your records.

Your consent is voluntary and may be given or withdrawn at any time. If the Notice and Consent Form is not signed and returned within 30 days of the date of this letter, the Commissioner of Education will be informed that you have decided to withhold your consent. However, we will notify you again each year until you are no longer enrolled in school. If you have any questions, please feel free to call me for assistance.

Sincerely,

Chairperson, School District
Committee on Special Education

Enclosure

200.4(h)	**Key Person:**	Student	**Packet**
	Related To:	Out-of-State Residential	**A-1**
	Topic:	Consent	

Use this consent form with Letter A-1

PERMISSION TO RELEASE EDUCATIONAL RECORDS FOR PURPOSES DESCRIBED IN THE ATTACHED NOTICE AND CONSENT FORM 200.4(h), DATED (Date of Notice).

Dear (Name of Committee Chairperson):

I, (student's name), currently enrolled in (name and address of out-of-state school), have read and understand this notice and I consent to the release of confidential materials listed below by the Committee on Special Education of the (home school district) to the Commissioner of Education. I understand that these materials will be reviewed by the Education Department for the purpose of determining whether I will need adult services after the age of twenty-one, and, if such need exists, planning and coordinating my return to New York State for adult services.

I also consent to the Education Department's release of such materials, together with such additional relevant information and recommendations as the Department may have, to the Council on Children and Families for the purpose of cooperating in the determination of whether I will need services, and, if such need exists, planning and coordinating my return to New York State for adult services.

I also consent to the Council's release of this information to appropriate public and private agencies which may provide the needed adult services. The following information will be sent:

Materials	*Dated*
Individualized Education Program (IEP)	_____
Psychological Evaluation	_____
Social History	_____
Physical Examination	_____
Other: _____	_____
_____	_____

I have been notified of and understand my right to review the above information, to have it explained by school district staff, to provide additional information and to withdraw my consent at any time. I also understand that the above information will be confidentially maintained by reviewing parties and will be released only for the purposes described in this notice.

Signature of Student: _____ Date: _____

Return a signed copy of this permission form to the address below.
Keep a copy for your records.
(Name and address of district Committee on Special Education Chairperson)

200.4(h)	**Key Person:**	Parent	**Packet**
	Related To:	Out-of-State Residential	**A-2**
	Topic:	Notice	

Use this letter to communicate with **parents** of students at out-of-state residential schools regarding notice of ending eligibility for educational services and to inform them that a request for consent to release educational records for the purpose of planning for adult services has been made to the student.

School District Letterhead

Parent Name and Address

Date
Residential Facility

RE: Student Name

Dear Parent or Guardian:

In New York State, a free appropriate public education is provided until a student is 21 years of age or receives a high school diploma. Since your child will turn 21 on _____, he/she will no longer be provided with a free appropriate public education after the _____ school year. If he/she should receive a high school diploma before turning 21, his/her eligibility would end at that time.

Your child will soon receive a letter which explains this ending eligibility and which tells about help that is available for planning for future needed adult services. This letter will also describe the events related to planning for adult services which will take place once we receive written consent to begin the process.

Your child's consent is requested in accordance with the Family Educational Rights and Privacy Act of 1974 (The Buckley Amendment) which provides that for students who have attained the age of 18, parents no longer have the right of access to educational information pertaining to the student nor the right of consenting to the release of such records. If you feel that another person should be acting on behalf of your child, that is, if you feel your child may not be able to understand the purpose of the Notice and Consent Form, you may obtain the legal right to act on behalf of your child. That right may be obtained from county court or State Supreme Court, or for students who are mentally retarded, through application to Surrogate's Court. If you have questions about obtaining the legal right to act on behalf of your child, you may contact my office.

NOTE: If you have already obtained the legal right to act on behalf of your child, please review the enclosed Consent Form and, if you so choose, provide the necessary written consent.

When your child receives the letter, he/she will be given the opportunity to consent or not consent to the release of educational records. If necessary, a member of the staff of the school will assist your child in understanding the content of the notice letter and the need for his/her consent to the release of records. If

your child neither consents nor withholds consent and, should it appear to the staff member of the school that the child may not understand the purpose of the forms, the Committee on Special Education will provide you with the opportunity to consent in writing to the release of the records.

Sincerely,

Chairperson, School District
Committee on Special Education

Enclosure

200.4(h)	**Key Person:**	Parent	**Packet**
	Related To:	Out-of-State Residential	**A-2**
	Topic:	Consent	

Use this Consent Form with Letter A-2

PERMISSION TO RELEASE EDUCATIONAL RECORDS FOR PURPOSES DESCRIBED IN THE ATTACHED NOTICE AND CONSENT FORM 200.4(h), DATED (Date of Notice).

Dear (Name of Committee Chairperson):

I, (parent's name), parent of (student's name), who is currently enrolled in (name and address of out-of-state school), have read and understand this notice and I consent to the release of confidential materials listed below by the Committee on Special Education of the (home school district) to the Commissioner of Education. I understand that these materials will be reviewed by the Education Department for the purpose of determining whether (he/she) will need adult services after the age of twenty-one, and, if such need exists, planning and coordinating (his/her) return to New York State for adult services.

I also consent to the Education Department's release of such materials, together with such additional relevant information and recommendations as the Department may have, to the Council on Children and Families for the purpose of cooperating in the determination of whether (he/she) will need services, and, if such need exists, planning and coordinating (his/her) return to New York State for adult services.

I also consent to the Council's release of this information to appropriate public and private agencies which may provide the needed adult services. The following information will be sent:

Materials	*Dated*
Individualized Education Program	_____
Psychological Evaluation	_____
Social History	_____
Physical Examination	_____
Other: _____	_____
_____	_____

I have been notified of and understand my right to review the above information, to have it explained by school district staff, to provide additional information and to withdraw my consent at any time. I also understand that the above information will be confidentially maintained by reviewing parties and will be released only for the purposes described in this notice.

Signature of Parent: _____ Date: _____

Return a signed copy of this permission form to the address below.
Keep a copy for your records.
(Name and address of district Committee on Special Education Chairperson)

200.4(h)	**Key Person:**	Parent	**Packet**
	Related To:	Out-of-State Residential	**A-3**
	Topic:	Notice and Consent	

Use this letter to communicate with **parents** of students at out-of-state residential schools regarding notice of ending eligibility for educational services and to request consent to release educational records for the purpose of planning for adult services.

School District Letterhead

Parent Name and Address

Date
Residential Facility

RE: Student Name

Dear Parent or Guardian:

In New York State, a free appropriate public education is provided until a student is 21 years of age or receives a high school diploma. Since your child will turn 21 on _____, he/she will no longer be provided with a free appropriate public education after the _____ school year. If he/she should receive a high school diploma before turning 21, his/her eligibility would end at that time.

It is important to begin to plan for your child's future. This letter is being sent to tell you about help that is available for this planning. This letter will also describe the events related to planning for adult services which will take place when we receive your written consent.

You and your child will have the opportunity to receive help from the Council on Children and Families in planning for your child's future. With your permission, the Council will assist in determining if your child will need services after reaching the age of 21 and help plan for obtaining these services upon your child's return to New York State. This help is given as follows:

- Within 10 days after receiving your written permission, the information which is listed on the enclosed Notice and Consent Form will be sent to the Commissioner of Education.
- Within 30 days of receipt, the Commissioner of Education will forward this information, and any other information and recommendations he may have, to the Council on Children and Families.
- The Council will review all the information and make a recommendation to the appropriate public and private agencies which may provide services to your child. These agencies include the Office of Mental Retardation and Developmental Disabilities, the Office of Mental Health, the Office of Vocational Rehabilitation of the State Education Department, the Department of Social Services and the Commission for the Blind and Visually Handicapped of the Department of Social Services.
- The Council's program recommendation will be forwarded to you at least six (6) months before your child reaches 21 years of age.

Your written consent is needed on the attached form so that your child's name and school information can be released for this purpose and planning can begin. This information includes the most recent special education evaluations, individualized education program and other reports and materials as listed on the enclosed Notice and Consent Form. You and your child, if appropriate, may come to my office and review the reports to be sent. Someone from the school district will explain the reports to you. You may contribute

other materials and information. **This information will be carefully protected. It will not be shared with anyone who does not have a legitimate interest in your child's future.**

- Please sign your name on the enclosed Notice and Consent Form and send the original back to me, keeping a copy for your records.

Your consent is voluntary and may be given or withdrawn at any time. If the Notice and Consent Form is not signed and returned within 30 days of the date of this letter, the Commissioner of Education will be informed that you have decided to withhold your consent. However, we will notify you again each year until your child is no longer enrolled in school. If you have any questions, please feel free to call me for assistance.

Sincerely,

Chairperson, School District
Committee on Special Education

Enclosure

200.4(h)	**Key Person:**	Parent	**Packet**
	Related To:	Out-of-State Residential	**A-3**
	Topic:	Consent	

Use this Consent Form with Letter A-3

PERMISSION TO RELEASE EDUCATIONAL RECORDS FOR PURPOSES DESCRIBED IN THE ATTACHED NOTICE AND CONSENT FORM 200.4(h), DATED (Date of Notice).

Dear (Name of Committee Chairperson):

I, (parent's name), parent of (student's name), who is currently enrolled in (name and address of out-of-state school), have read and understand this notice and I consent to the release of confidential materials listed below by the Committee on Special Education of the (home school district) to the Commissioner of Education. I understand that these materials will be reviewed by the Education Department for the purpose of determining whether (he/she) will need adult services after the age of twenty-one, and, if such need exists, planning and coordinating (his/her) return to New York State for adult services.

I also consent to the Education Department's release of such materials, together with such additional relevant information and recommendations as the Department may have, to the Council on Children and Families for the purpose of cooperating in the determination of whether (he/she) will need services, and, if such need exists, planning and coordinating (his/her) return to New York State for adult services.

I also consent to the Council's release of this information to appropriate public and private agencies which may provide the needed adult services. The following information will be sent:

Materials	*Dated*
Individualized Education Program	_____
Psychological Evaluation	_____
Social History	_____
Physical Examination	_____
Other: _____	_____
_____	_____

I have been notified of and understand my right to review the above information, to have it explained by school district staff, to provide additional information and to withdraw my consent at any time. I also understand that the above information will be confidentially maintained by reviewing parties and will be released only for the purposes described in this notice.

Signature of Parent: _____ Date: _____

Return a signed copy of this permission form to the address below.
Keep a copy for your records.
(Name and address of district Committee on Special Education Chairperson)

200.4(h) or **200.4(i)**	**Key Person:**	Designated Facility Staff	**A-RS**
	Related To:	Out-of-State or In-State Residential	
	Topic:	Student Notice and Consent	

Use this letter to communicate with the **staff** of an out-of-state or in-state residential school which a student who has attained the age of 18 is attending, regarding the ability of that student to grant or withhold consent to release educational records for the purpose of adult services planning.

Insert CSE Letterhead

Agency Name and Address

Date

Re: (Student Name)

Dear Agency Contact:

The Regulations of the Commissioner of Education of New York State require that a student who is 18 years of age or over and is attending a residential school be notified that his/her eligibility for educational services will end at age twenty-one, or at the receipt of a high school diploma. To plan for the adult *services* which will begin at that point, the consent of the student is required in order for educational records to be released to adult *services* agencies.

The attached letter is being sent to the above named student to provide such notice and to request that the student grant consent to release his/her educational records to adult services agencies. Your cooperation in assisting the student to understand the intent of this request will help to assure that appropriate planning will be initiated.

The laws of New York State provide for an alternative consent procedure where a staff member of the school which the student who is 18 or older is attending determines that the student is not capable of granting or withholding consent. In such a case, the parent or guardian will be given the opportunity to consent to the release of educational records.

If the student is able, please assist him or her in returning the consent to the above address within 20 days of receipt of this notice. If the student neither grants nor withholds consent because he or she is, in your opinion, not capable of understanding the purpose of the request, please indicate below and return this letter to me at the above address.

_____ Student is unable to either grant or withhold consent to the release of educational records for the purpose of adult services planning.

_____ _____ _____

Name Title Date

Sincerely,

Chairperson, School District
Committee on Special Education

Enclosure

200.4(i)	**Key Person:**	Student	**Packet**
	Related To:	In-State Residential	**A-4**
	Topic:	Notice and Consent	

Use this letter to communicate with **students** at in-state residential schools regarding notice of ending eligibility for educational services and to request consent to release educational records for the purpose of planning for adult services.

School District Letterhead

Student Name and Address

Date
Residential Facility

Dear (Student):

In New York State, a free appropriate public education is provided until a student is 21 years of age or receives a high school diploma. Since you will turn 21 on _____, you will no longer be provided with a free appropriate public education after the _____ school year. If you should receive a high school diploma before you turn 21, your eligibility would end at that time.

It is important to begin to plan for your future. This letter is being sent to tell you about help that is available for this planning. This letter will also describe the events related to planning for adult services which will take place when we receive your written consent.

You will have the opportunity to receive help from various State agencies in planning for your future. With your permission, one or more of these agencies will assist in determining if you will need services after reaching the age of 21. This help will be given as follows:

- Within 10 days after receiving your written permission, the information which is listed on the enclosed Notice and Consent Form will be sent to the Commissioner of one or more of the following State agencies: the Office of Mental Retardation and Developmental Disabilities, the Office of Mental Health, the Office of Vocational Rehabilitation of the State Education Department, the Department of Social Services or the Commission for the Blind and Visually Handicapped of the Department of Social Services. A copy will also be sent to the Commissioner of Education.
- If the Commissioner of the State agency which received the information determines that his or her agency is not responsible for planning adult services for you, the Committee on Special Education will forward the report to another State agency.
- If a question should arise as to which agency may be responsible, the Committee on Special Education will forward the report to the New York State Council on Children and Families for resolution of the matter.
- The appropriate State agency's program recommendation will be forwarded to you at least six (6) months before you reach 21 years of age.

Your written consent is needed on the attached form so that your name and school information can be released for this purpose and planning can begin. This information includes the most recent special education evaluations, individualized education program and other reports and materials as listed on the enclosed Notice and Consent Form. You may come to my office and review the reports to be sent. Someone from the school district will explain the reports to you. You may contribute other materials and infor-

mation. **This information will be carefully protected. It will not be shared with anyone who does not have a legitimate interest in your future.**

- Please sign your name on the enclosed Notice and Consent Form and send the original back to me, keeping a copy for your records.

Your consent is voluntary and may be given or withdrawn at any time. If you choose not to give your consent for forwarding of your records at this time, we will notify you again each year until you are no longer enrolled in school. If you have any questions, please feel free to call me for assistance.

Sincerely,

Chairperson, School District
Committee on Special Education

Enclosure

200.4(i)	**Key Person:**	Student	**Packet**
	Related To:	In-State Residential	**A-4**
	Topic:	Consent	

Use this Consent Form with Letter A-4

PERMISSION TO RELEASE EDUCATIONAL RECORDS FOR PURPOSES DESCRIBED IN THE ATTACHED NOTICE AND CONSENT FORM 200.4(i), DATED (Date of Notice).

Dear (Name of Committee Chairperson):

I, (student's name), currently enrolled in (name and address of instate residential school program), have read and understand this notice and I consent to the release of confidential materials listed below, together with all additional relevant information, by the Committee on Special Education of the (home school district) to the Commissioners, or their designees, of one or more of the following State agencies: the Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, State Education Department (Office of Vocational Rehabilitation), and Department of Social Services, including the Commission for the Blind and Visually Handicapped. I understand that these materials will be reviewed by these agencies for the purpose of determining whether I will need adult services after the age of twenty-one, and, if such need exists, recommending appropriate adult programs. The Committee on Special Education also has my consent to forward a copy of these materials to the Commissioner of Education.

I also consent to the Committee's release of such materials to the Council on Children and Families, for the purpose of resolving any disputes as to the appropriate agency to receive the materials. The following information will be sent:

Materials	*Dated*
Individualized Education Program (IEP)	_____
Psychological Evaluation	_____
Social History	_____
Physical Examination	_____
Other: _____	_____
_____	_____

I have been notified of and understand my right to review the above information, to have it explained by school district staff, to provide additional information and to withdraw my consent at any time. I also understand that the above information will be confidentially maintained by reviewing parties and will be released only for the purposes described in this Notice.

Signature of Student: _____ Date: _____

Return a signed copy of this permission form to the address below.
Keep a copy for your records.
(Name and address of district Committee on Special Education Chairperson)

200.4(i)	**Key Person:**	Parent	**Packet**
	Related To:	In-State Residential	**A-5**
	Topic:	Notice	

Use this letter to communicate with **parents** of students at instate residential schools regarding notice of ending eligibility for educational services and to inform them that a request for consent to release educational records for the purpose of planning for adult services has been made to the student.

School District Letterhead

Parent Name and Address

Date
Residential Facility

RE: Student Name

Dear Parent or Guardian:

In New York State, a free appropriate public education is provided until a student is 21 years of age or receives a high school diploma. Since your child will turn 21 on _____, he/she will no longer be provided with a free appropriate public education after the _____ school year. If he/she should receive a high school diploma before turning 21, his/her eligibility would end at that time.

Your child will soon receive a letter which explains this ending eligibility and which tells about help that is available for planning for future needed adult services. This letter will also describe the events related to planning for adult services which will take place once we receive written consent to begin the process.

Your child's consent is requested in accordance with the Family Educational Rights and Privacy Act of 1974 (The Buckley Amendment) which provides that for students who have attained the age of 18, parents no longer have the right of access to educational information pertaining to the student nor the right of consenting to the release of such records. If you feel that another person should be acting on behalf of your child, that is, if you feel your child may not be able to understand the purpose of the Notice and Consent Form, you may obtain the legal right to act on behalf of your child. That right may be obtained from county court or State Supreme Court, or for students who are mentally retarded, through application to Surrogate's Court. If you have questions about obtaining the legal right to act on behalf of your child, you may contact my office.

NOTE: If you have already obtained the legal right to act on behalf of your child, please review the enclosed Consent Form and, if you so choose, provide the necessary written consent.

When your child receives the letter, he/she will be given the opportunity to consent or not consent to the release of educational records. If necessary, a member of the staff of the school will assist your child in understanding the content of the notice letter and the need for his/her consent to the release of records. If your child neither consents nor withholds consent and, should it appear to the staff member of the school

that the child may not understand the purpose of the forms, the Committee on Special Education will provide you with the opportunity to consent in writing to the release of the records.

Sincerely,

Chairperson, School District
Committee on Special Education

Enclosure

200.4(i)	**Key Person:**	Parent	**Packet**
	Related To:	In-State Residential	A-5
	Topic:	Consent	

Use this Consent Form with Letter A-5

PERMISSION TO RELEASE EDUCATIONAL RECORDS FOR PURPOSES DESCRIBED IN THE ATTACHED NOTICE AND CONSENT FORM 200.4(i), DATED (Date of Notice).

Dear (Name of Committee Chairperson):

I, (parent's name), parent of (student's name), who is currently enrolled in (name and address of in-state residential school program), have read and understand this notice and I consent to the release of confidential materials listed below, together with all additional relevant information, by the Committee on Special Education of the (home school district) to the Commissioners, or their designees, of one or more of the following State agencies: the Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, State Education Department (Office of Vocational Rehabilitation), and Department of Social Services, including the Commission for the Blind and Visually Handicapped. I understand that these materials will be reviewed by these agencies for the purpose of determining whether (he/she) will need adult services after the age of twenty-one, and, if such need exists, recommending appropriate adult programs. The Committee on Special Education also has my consent to forward a copy of these materials to the Commissioner of Education.

I also consent to the Committee's release of such materials to the Council on Children and Families for the purpose of resolving any disputes as to the appropriate agency to receive the materials. The following information will be sent:

Materials	*Dated*
Individualized Education Program	_____
Psychological Evaluation	_____
Social History	_____
Physical Examination	_____
Other: _____	_____
_____	_____

I have been notified of and understand my right to review the above information, to have it explained by school district staff, to provide additional information and to withdraw my consent at any time. I also understand that the above information will be confidentially maintained by reviewing parties and will be released only for the purposes described in this Notice.

Signature of Parent: _____ Date: _____

Return a signed copy of this permission form to the address below.
Keep a copy for your records.
(Name and address of district Committee on Special Education Chairperson)

200.4(i)	**Key Person:**	Parent	**Packet**
	Related To:	In-State Residential	**A-6**
	Topic:	Notice and Consent	

Use this letter to communicate with **parents** of students at instate residential schools regarding notice of ending eligibility for educational services and to request consent to release educational records for the purpose of planning for adult services.

School District Letterhead

Parent Name and Address

Date
Residential Facility

RE: Student Name

Dear Parent or Guardian:

In New York State, a free appropriate public education is provided until a student is 21 years of age or receives a high school diploma. Since your child will turn 21 on _____, he/she will no longer be provided with a free appropriate education after the _____ school year. If he/she should receive a high school diploma before turning 21, his/her eligibility would end at that time.

It is important to begin to plan for your child's future. This letter is being sent to tell you about help that is available for this planning. This letter will also describe the events related to planning for adult services which will take place when we receive your written consent.

You and your child will have the opportunity to receive help from various State agencies in planning for your child's future. With your permission, one or more of these agencies will assist in determining if your child will need services after reaching the age of 21. This help will be given as follows:

- Within 10 days after receiving your written permission, the information which is listed on the enclosed Notice and Consent Form will be sent to the Commissioner of one or more of the following State agencies: the Office of Mental Retardation and Developmental Disabilities, the Office of Mental Health, the Office of Vocational Rehabilitation of the State Education Department, the Department of Social Services or the Commission for the Blind and Visually Handicapped of the Department of Social Services. A copy will also be sent to the Commissioner of Education.
- If the Commissioner of the State agency which received the information determines that his or her agency is not responsible for planning adult services for your child, the Committee on Special Education will forward the report to another State agency.
- If a question should arise as to which agency may be responsible, the Committee on Special Education will forward the report to the New York State Council on Children and Families for resolution of the matter.
- The appropriate State agency's program recommendation will be forwarded to you at least six (6) months before your child reaches 21 years of age.

Your written consent is needed on the attached form so that your child's name and school information can be released for this purpose and planning can begin. This information includes the most recent special education evaluations, individualized education program and other reports and materials as listed on the enclosed Notice and Consent Form. You and your child, if appropriate, may come to my office and review

the reports to be sent. Someone from the school district will explain the reports to you. You may contribute other materials and information. **This information will be carefully protected. It will not be shared with anyone who does not have a legitimate interest in your child's future.**

- Please sign your name on the enclosed Notice and Consent Form and send the original back to me, keeping a copy for your records.

Your consent is voluntary and may be given or withdrawn at any time. If you choose not to give your consent for forwarding of your child's records at this time, we will notify you again each year until your child is no longer enrolled in school. If you have any questions, please feel free to call me for assistance.

Sincerely,

Chairperson, School District
Committee on Special Education

Enclosure

200.4(i)	**Key Person:**	Parent	**Packet**
	Related To:	In-State Residential	**A-6**
	Topic:	Consent	

Use this Consent form with Letter A-6

PERMISSION TO RELEASE EDUCATIONAL RECORDS FOR PURPOSES DESCRIBED IN THE ATTACHED NOTICE AND CONSENT FORM 200.4(i), DATED (Date of Notice).

Dear (Name of Committee Chairperson):

I, (parent's name), parent of (student's name), who is currently enrolled in (name and address of in-state residential school program), have read and understand this notice and I consent to the release of confidential materials listed below, together with all additional relevant information, by the Committee on Special Education of the (home school district) to the Commissioners, or their designees, of one or more of the following State agencies: the Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, State Education Department (Office of Vocational Rehabilitation), and Department of Social Services, including the Commission for the Blind and Visually Handicapped. I understand that these materials will be reviewed by these agencies for the purpose of determining whether (he/she) will need adult services after the age of twenty-one, and, if such need exists, recommending appropriate adult programs. The Committee on Special Education also has my consent to forward a copy of these materials to the Commissioner of Education.

I also consent to the Committee's release of such materials to the Council on Children and Families for the purpose of resolving any disputes as to the appropriate agency to receive the materials. The following information will be sent:

Materials	*Dated*
Individualized Education Program (IEP)	_____
Psychological Evaluation	_____
Social History	_____
Physical Examination	_____
Other: _____	_____
_____	_____

I have been notified of and understand my right to review the above information, to have it explained by school district staff, to provide additional information and to withdraw my consent at any time. I also understand that the above information will be confidentially maintained by reviewing parties and will be released only for the purposes described in this Notice.

Signature of Parent: _____ Date: _____

Return a signed copy of this permission form to the address below.
Keep a copy for your records.
(Name and address of district Committee on Special Education Chairperson)

200.4(h) or **200.4(i)**	**Key Person:**	Designated Facility Staff	**A-RS**
	Related To:	Out-of-State or In-State Residential	
	Topic:	Student Notice and Consent	

Use this letter to communicate with the **staff** of an out-of-state or in-state residential school which a student who has attained the age of 18 is attending, regarding the ability of that student to grant or withhold consent to release educational records for the purpose of adult services planning.

Insert CSE Letterhead

Agency Name and Address

Date

Re: (Student Name)

Dear Agency Contact:

The Regulations of the Commissioner of Education of New York State require that a student who is 18 years of age or over and is attending a residential school be notified that his/her eligibility for educational services will end at age twenty-one, or at the receipt of a high school diploma. To plan for the adult services which will begin at that point, the consent of the student is required in order for educational records to be released to adult services agencies.

The attached letter is being sent to the above named student to provide such notice and to request that the student grant consent to release his/her educational records to adult services agencies. Your cooperation in assisting the student to understand the intent of this request will help to assure that appropriate planning will be initiated.

The laws of New York State provide for an alternative consent procedure where a staff member of the school which the student who is 18 or older is attending determines that the student is not capable of granting or withholding consent. In such a case, the parent or guardian will be given the opportunity to consent to the release of educational records.

If the student is able, please assist him or her in returning the consent to the above address within 20 days of receipt of this notice. If the student neither grants nor withholds consent because he or she is, in your opinion, not capable of understanding the purpose of the request, please indicate below and return this letter to me at the above address.

_____ Student is unable to either grant or withhold consent to the release of educational records for the purpose of adult services planning.

_____ _____ _____
Name Title Date

Sincerely,

Chairperson, School District
Committee on Special Education

Enclosure

200.4(j)	**Key Person:**	Parent	**Packet**
	Related To:	In-State Nonresidential	**A-7**
	Topic:	Notice and Consent	

Use this letter to communicate with **parents** of students at instate nonresidential schools regarding notice of ending eligibility for educational services and to request consent to release educational records for the purpose of planning for adult services.

School District Letterhead

Parent Name and Address

Date
Residential Facility

RE: Student Name

Dear Parent or Guardian:

In New York State, a free appropriate public education is provided until a student is 21 years of age or receives a high school diploma. Since your child will turn 21 on _____, he/she will no longer be provided with a free appropriate public education after the _____ school year. If he/she should receive a high school diploma before turning 21, his/her eligibility would end at that time.

It is important to begin to plan for your child's future. This letter is being sent to tell you about help that is available for this planning. This letter will also describe the events related to planning for adult services which will take place when we receive your written consent.

You and your child will have the opportunity to receive help from various State agencies in planning for your child's future. With your permission, one or more of these agencies will assist in determining if your child will need services after reaching the age of 21. This help will be given as follows:

- Within 10 days after receiving your written permission, the information which is listed on the enclosed Notice and Consent Form will be sent to the Commissioner of one or more of the following State agencies: the Office of Mental Retardation and Developmental Disabilities, the Office of Mental Health, the Office of Vocational Rehabilitation of the State Education Department, the Department of Social Services or the Commission for the Blind and Visually Handicapped of the Department of Social Services. A copy will also be sent to the Commissioner of Education.
- If the Commissioner of the State agency which received the information determines that his or her agency is not responsible for planning adult services for your child, the Committee on Special Education will forward the report to another State agency.
- If a question should arise as to which agency may be responsible, the Committee on Special Education will forward the report to the New York State Council on Children and Families for resolution of the matter.
- The appropriate State agency's program recommendation will be forwarded to you at least six (6) months before your child reaches 21 years of age.

Your written consent is needed on the attached form so that your child's name and school information can be released for this purpose and planning can begin. This information includes the most recent special education evaluations, individualized education program and other reports and materials as listed on the enclosed Notice and Consent Form. You and your child, if appropriate, may come to my office and review

the reports to be sent. Someone from the school district will explain the reports to you. You may contribute other materials and information. **This information will be carefully protected. It will not be shared with anyone who does not have a legitimate interest in your child's future.**

- Please sign your name on the enclosed Notice and Consent Form and send the original back to me, keeping a copy for your records.

Your consent is voluntary and may be given or withdrawn at any time. If you choose not to give your consent for forwarding of your child's records at this time, we will notify you again each year until your child is no longer enrolled in school. If you have any questions, please feel free to call me for assistance.

Sincerely,

Chairperson, School District
Committee on Special Education

Enclosure

200.4(j)	**Key Person:**	Parent	**Packet**
	Related To:	In-State Nonresidential	**A-7**
	Topic:	Consent	

Use this Consent Form with Letter A-7

PERMISSION TO RELEASE EDUCATIONAL RECORDS FOR PURPOSES DESCRIBED IN THE ATTACHED PARENTAL NOTICE AND CONSENT FORM 200.4(j), DATED (Date of Notice).

Dear (Name of Committee Chairperson):

I, (parent's name), parent of (student's name), who is currently enrolled in (name and address of school), have read and understand this notice and I consent to the release of the confidential materials listed below by the Committee on Special Education of the (home school district) to the Commissioners, or their designees, of one or more of the following State agencies: the Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, and State Education Department (Office of Vocational Rehabilitation). I understand that these materials will be reviewed by the appropriate agencies for the purpose of determining whether (he/she) will need adult services after leaving school, and, if such need exists, recommending appropriate adult programs. The Committee on Special Education also has my consent to forward a copy of these materials to the Commissioner of Education.

I also consent to the Committee's release of such materials to the Council on Children and Families for the purpose of resolving any disputes as to the appropriate agency to receive the materials. The following information will be sent:

Materials	*Dated*
Individualized Education Program (IEP)	_____
Psychological Evaluation	_____
Social History	_____
Physical Examination	_____
Other: _____	_____
_____	_____

I have been notified of and understand my right to review the above information, to have it explained by school district staff, to provide additional information and to withdraw my consent at any time. I also understand that the above information will be confidentially maintained by reviewing parties and will be released only for the purposes described in this notice.

Signature of Parent: _____ Date: _____

Return a signed copy of this permission form to the address below.
Keep a copy for your records.
(Name and address of district Committee on Special Education Chairperson)

200.4(j)	**Key Person:**	Student	**Packet**
	Related To:	In-State Nonresidential	**A-8**
	Topic:	Notice and Consent	

Use this letter to communicate with **students** at in-state nonresidential schools regarding notice of ending eligibility for educational services and to request consent to release educational records for the purpose of planning for adult services.

School District Letterhead

Student Name and Address

Date

Dear (Student):

In New York State, a free appropriate public education is provided until a student is 21 years of age or receives a high school diploma. Since you will turn 21 on _____, you will no longer be provided with a free appropriate public education after the _____ school year. If you should receive a high school diploma before you turn 21, your eligibility would end at that time.

It is important to begin to plan for your future. This letter is being sent to tell you about help that is available for this planning. This letter will also describe the events related to planning for adult services which will take place when we receive your written consent.

You will have the opportunity to receive help from various State agencies in planning for your future. With your permission, one or more of these agencies will assist in determining if you will need services after reaching the age of 21. This help will be given as follows:

- Within 10 days after receiving your written permission, the information which is listed on the enclosed Notice and Consent Form will be sent to the Commissioner of one or more of the following State agencies: the Office of Mental Retardation and Developmental Disabilities, the Office of Mental Health, the Office of Vocational Rehabilitation of the State Education Department, the Department of Social Services or the Commission for the Blind and Visually Handicapped of the Department of Social Services. A copy will also be sent to the Commissioner of Education.
- If the Commissioner of the State agency which received the information determines that his or her agency is not responsible for planning adult services for you, the Committee on Special Education will forward the report to another State agency.
- If a question should arise as to which agency may be responsible, the Committee on Special Education will forward the report to the New York State Council on Children and Families for resolution of the matter.
- The appropriate State agency's program recommendation will be forwarded to you at least six (6) months before you reach 21 years of age.

Your written consent is needed on the attached form so that your name and school information can be released for this purpose and planning can begin. This information includes the most recent special education evaluations, individualized education program and other reports and materials as listed on the enclosed Notice and Consent Form. You may come to my office and review the reports to be sent. Someone from the school district will explain the reports to you. You may contribute other materials and information. **This information will be carefully protected. It will not be shared with anyone who does not have a legitimate interest in your future.**

- Please sign your name to the enclosed Notice and Consent Form and send the original back to me, keeping a copy for your records.

Your consent is voluntary and may be given or withdrawn at any time. If you choose not to give your consent for forwarding of your records at this time, we will notify you again each year until you are no longer enrolled in school. If you have any questions, please feel free to call me for assistance.

Sincerely,

Chairperson, School District
Committee on Special Education

Enclosure

200.4(j)	**Key Person:**	Student	**Packet**
	Related To:	In-State Nonresidential	**A-8**
	Topic:	Consent	

Use this Consent Form with Letter A-8

PERMISSION TO RELEASE EDUCATIONAL RECORDS FOR PURPOSES DESCRIBED IN THE ATTACHED PARENTAL NOTICE AND CONSENT FORM 200.4(j), DATED (Date of Notice).

Dear (Name of Committee Chairperson):

I, (student's name), currently enrolled in (name and address of school), have read and understand this notice and I consent to the release of the confidential materials listed below by the Committee on Special Education of the (home school district) to the Commissioners, or their designees, of one or more of the following State agencies: the Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, and State Education Department (Office of Vocational Rehabilitation). I understand that these materials will be reviewed by the appropriate agencies for the purpose of determining whether I will need adult services after leaving school, and, if such need exists, recommending appropriate adult programs. The Committee on Special Education also has my consent to forward a copy of these materials to the Commissioner of Education.

I also consent to the Committee's release of such materials to the Council on Children and Families for the purpose of resolving any disputes as to the appropriate agency to receive the materials. The following information will be sent:

Materials	*Dated*
Individualized Education Program (IEP)	_____
Psychological Evaluation	_____
Social History	_____
Physical Examination	_____
Other: _____	_____
_____	_____

I have been notified of and understand my right to review the above information, to have it explained by school district staff, to provide additional information and to withdraw my consent at any time. I also understand that the above information will be confidentially maintained by reviewing parties and will be released only for the purposes described in this notice.

Signature of Student: _____ Date: _____

Return a signed copy of this permission form to the address below.
Keep a copy for your records.
(Name and address of district Committee on Special Education Chairperson)

200.4(j)	**Key Person:**	Parent	**Packet**
	Related To:	In-State Nonresidential	**A-9**
	Topic:	Notice	

Use this letter to communicate with **parents** of students at instate nonresidential schools regarding notice of ending eligibility for educational services and to inform them that a request for consent to release educational records for the purpose of planning for adult services has been made to the student.

School District Letterhead

Parent Name and Address

Date

RE: Student Name

Dear Parent or Guardian:

In New York State, a free appropriate public education is provided until a student is 21 years of age or receives a high school diploma. Since your child will turn 21 on _____, he/she will no longer be provided with a free appropriate public education after the _____ school year. If he/she should receive a high school diploma before turning 21, his/her eligibility would end at that time.

Your child will soon receive a letter which explains this ending eligibility and which tells about help that is available for planning for future needed adult services. This letter will also describe the events related to planning for adult services which will take place once we receive written consent to begin the process.

Your child's consent is requested in accordance with the Family Educational Rights and Privacy Act of 1974 (The Buckley Amendment) which provides that for students who have attained the age of 18, parents no longer have the right of access to educational information pertaining to the student nor the right of consenting to the release of such records. If you feel that another person should be acting on behalf of your child, that is, if you feel your child may not be able to understand the purpose of the Notice and Consent Form, you may obtain the legal right to act on behalf of your child. That right may be obtained from county court or State Supreme Court, or for students who are mentally retarded, through application to Surrogate's Court. If you have questions about obtaining the legal right to act on behalf of your child, you may contact my office.

NOTE: If you have already obtained the legal right to act on behalf of your child, please review the enclosed Consent Form and, if you so choose, provide the necessary written consent.

When your child receives the letter, he/she will be given the opportunity to consent or not consent to the release of educational records. If necessary, a member of the staff of the school will assist your child in understanding the content of the notice letter and the need for his/her consent to the release of records.

Sincerely,

Chairperson, School District
Committee on Special Education

Enclosure

200.4(j)	**Key Person:** Student **Related To:** In-State Nonresidential **Topic:** Consent	**Packet A-9**

Use this Consent Form with Letter A-9

PERMISSION TO RELEASE EDUCATIONAL RECORDS FOR PURPOSES DESCRIBED IN THE ATTACHED PARENTAL NOTICE AND CONSENT FORM 200.4(j), DATED (Date of Notice).

Dear (Name of Committee Chairperson):

I, (student's name), currently enrolled in (name and address of school), have read and understand this notice and I consent to the release of the confidential materials listed below by the Committee on Special Education of the (home school district) to the Commissioners, or their designees, of one or more of the following State agencies: the Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, and State Education Department (Office of Vocational Rehabilitation). I understand that these materials will be reviewed by the appropriate agencies for the purpose of determining whether I will need adult services after leaving school, and, if such need exists, recommending appropriate adult programs. The Committee on Special Education also has my consent to forward a copy of these materials to the Commissioner of Education.

I also consent to the Committee's release of such materials to the Council on Children and Families for the purpose of resolving any disputes as to the appropriate agency to receive the materials. The following information will be sent:

Materials	*Dated*
Individualized Education Program (IEP)	_____
Psychological Evaluation	_____
Social History	_____
Physical Examination	_____
Other: _____	_____
_____	_____

I have been notified of and understand my right to review the above information, to have it explained by school district staff, to provide additional information and to withdraw my consent at any time. I also understand that the above information will be confidentially maintained by reviewing parties and will be released only for the purposes described in this notice.

Signature of Student: _____ Date: _____

Return a signed copy of this permission form to the address below.
Keep a copy for your records.
(Name and address of district Committee on Special Education Chairperson)

APPENDIX B
Referral Form and Guidelines for Compilation of Student Records

Referral Form and Guidelines:

B-1 **Referral for Planning for Adult Services** (duplicate and use as a cover sheet for future referrals).

Attach this form to the records you will be forwarding to adult services agencies as well as to any copies forwarded to SED.

B-2 **Recommended Guidelines for Compilation of Student Records.**

Use this form to guide you in ensuring that appropriate, up-to-date information is included in each referral package. This list of reports is **not** exhaustive. Other relevant information which clarifies the potential adult services needs of the student should be included to make the referral as complete as possible.

(Insert School District)
(It is recommended that this form be placed on CSE letterhead and used as a cover sheet for all referrals)

REFERRAL FOR PLANNING FOR ADULT SERVICES

Referral Pursuant To: Ch. 544 ( ) OUT-OF-STATE; Ch. 570 ( ) IN-STATE; Ch. 462 ( ) DAY PGMS.

Referred To: ( ) DSS; ( ) CBVH; ( ) OMRDD; ( ) OMH; ( ) OVR **Check all that apply**

Student Name: (Last) (First) (MI)

Date of Birth: (Age) Sex ( )M ( )F

Handicapping Condition:

( ) learning disabled	( ) autistic	( ) emotionally disturbed
( ) hard of hearing	( ) mentally retarded	( ) deaf
( ) orthopedically impaired	( ) speech impaired	( ) visually impaired
	( ) other health impaired	( ) multiply handicapped
		( ) deaf/blind

Current Day Placement (Ch. 462):

Current Residential Placement (Chs. 544/570):

Parent/Guardian Name: (Last) (First) (MI)

Address: (Street) (City) (County) (State) (Zip)

Referring School District: BEDS:

Address: (Street) (City) (County) (State) (Zip)

CSE Contact Person: (Name) (Telephone)

( ) Consent to release information has been attached to referral packet.

Individual Completing Form: _____ (date) _____

Recommended Guidelines for Compilation of Student Records for Purposes of Adult Services Planning

VITAL STATISTICS (may be in the form of a fact sheet)

1. Name of Student
2. Date of Birth
3. Student's Current Placement
4. Home School District
   Contact Person and Phone Number
5. Parent's Current Address Including County of Residence
6. School District Code

SOCIAL HISTORY

Most recent available history should be included. If other than natural parents, indicate current custody/guardianship.

INDIVIDUAL EVALUATION/ASSESSMENT — where appropriate

1. Psychological (within the past six months, if available) *
   - — IQ/cognitive functioning
   - — Behavior problems
   - — Level of functioning in current setting
   - — Activities of daily living

2. Physical/Medical (within the past six months, if available) *
   - — General health including history and any relevant diagnoses
   - — Vision
   - — Hearing
   - — Medication
   - — Specialists' reports (neurological, speech/language, etc. — include statement of diagnosis)

3. Psychiatric (within the past six months, if available) *
   - — Diagnosis
   - — Medication
   - — Treatment history

4. Educational/Vocational
   - — IEP
   - — Performance in current program

OTHER EVALUATION MATERIALS

Any additional information available in the student's records which may be helpful in developing an appropriate program should also be included.

NOTE: Include a copy of the permission form signed by the parent or student, as appropriate.

* If the reports are less current than six months, submit most recent report.

APPENDIX C
Annual Reports

Annual Report Forms:

Districts are required to make an annual report to SED on the number of eligible students referred to adult services agencies and the number of students for whom consent to release information was not granted. Reports must be submitted even if the number of students is zero.

New annual report forms will be forwarded to districts each year. Use the new forms to report the numbers of students referred or for whom consent to release information was not granted. **Please discard any older forms you may have used in past years.**

C-1 Out-of-State Residential
C-2 In-State Residential
C-3 In-State, Day (nonresidential) 100 percent of day

School District Code

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office for Education of Children with Handicapping Conditions

FORM PHC-1(H)

Date form submitted _____

ANNUAL REPORT OF REFERRALS OF AGING-OUT STUDENTS WITH HANDICAPPING CONDITIONS IN OUT-OF-STATE RESIDENTIAL PLACEMENTS*

This report is due November 1, 19__ reflecting data from the 19__-__ school year. Do not submit this report before the end of the 19__-__ school year.

School District Name _____

Name of person completing form _____ Telephone _____ (Area Code) _____ (Number)

Address _____ (Street) _____ (City, Village) _____ (State) _____ (Zip Code)

Line No.	HANDICAPPING CONDITION (Refer to Commissioner's Regulations 200.1) (Report each student in one handicapping condition only)	NUMBER OF STUDENTS WITH HANDICAPPING CONDITIONS, BY AGE AND HANDICAPPING CONDITION, WHO WERE EITHER REFERRED FOR ADULT SERVICE PLANNING OR FOR WHOM PARENT'S/STUDENT'S CONSENT WAS NOT GRANTED									
		Age 18		Age 19		Age 20		Age 21		TOTAL, Ages 18 through 21	
		Referred to the State Education Department	Consent not Granted	Referred to the State Education Department	Consent not Granted	Referred to the State Education Department	Consent not Granted	Referred to the State Education Department	Consent not Granted	Referred to the State Education Department	Consent not Granted
1	Autistic										
2	Emotionally Disturbed										
3	Learning Disabled										
4	Mentally Retarded										
5	Deaf										
6	Hard of Hearing										
7	Speech Impaired										
8	Visually Impaired										
9	Orthopedically Impaired										
10	Other Health Impaired										
11	Multiply Handicapped										
12	Deaf-Blind										
13	TOTAL Referred or Consent not Granted										

SAMPLE

* Students with handicapping conditions referred under Education Law 4407(1) - Chapter 544, Laws of 1982. This report is required under Section 200.4(h) of the Regulations of the Commissioner of Education.

DIRECTIONS

- Fill in school district code (BEDS Code), school district name and all other identifying information at the top of the page.
- In lines 1 through 12, provide the number of students with handicapping conditions, by age and primary handicapping condition, who were either referred to the State Education Department or for whom appropriate consent was not granted. Each student may be reported only once, either in a "Referred" column or in a "Consent not Granted" column.
- Provide column totals by age in line 13 and totals for "Referred" and "Consent not Granted" by handicapping condition in the last two columns.
- CAUTION: Once a student has been referred, do not include that student in any subsequent reports.

School District Code

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office for Education of Children with Handicapping Conditions

Date form submitted _____

ANNUAL REPORT OF REFERRALS OF AGING-OUT STUDENTS WITH HANDICAPPING CONDITIONS IN IN-STATE RESIDENTIAL PLACEMENTS*

This report is due October 1, 19__ reflecting data from the 19__-__ school year. Do not submit this report before the end of the 19__-__ school year.

School District Name _____

Name of person completing form _____ Telephone _____ (Area Code) _____ (Number)

Address _____ (Street) _____ (City, Village) _____ (State) _____ (Zip Code)

Line No.	HANDICAPPING CONDITION (Refer to Commissioner's Regulations 200.1) (Report each student in one handicapping condition only)	NUMBER OF STUDENTS WITH HANDICAPPING CONDITIONS, BY AGE AND HANDICAPPING CONDITION, WHO WERE EITHER REFERRED FOR ADULT SERVICE PLANNING OR FOR WHOM PARENT'S/STUDENT'S CONSENT WAS NOT GRANTED									
		Age 18		Age 19		Age 20		Age 21		TOTAL, Ages 18 through 21	
		Referred to Adult Service Agency	Consent not Granted	Referred to Adult Service Agency	Consent not Granted	Referred to Adult Service Agency	Consent not Granted	Referred to Adult Service Agency	Consent not Granted	Referred to Adult Service Agency	Consent not Granted
1	Autistic										
2	Emotionally Disturbed										
3	Learning Disabled										
4	Mentally Retarded										
5	Deaf										
6	Hard of Hearing										
7	Speech Impaired										
8	Visually Impaired										
9	Orthopedically Impaired										
10	Other Health Impaired										
11	Multiply Handicapped										
12	Deaf-Blind										
13	**TOTAL Referred or Consent not Granted**										

SAMPLE

* Students with handicapping conditions referred under Education Law 4402(1) - Chapter 570, Laws of 1983. This report is required under Section 200.4(i) of the Regulations of the Commissioner of Education.

DIRECTIONS

- Fill in school district code (BEDS Code), school district name and all other identifying information at the top of the page.
- In lines 1 through 12, provide the number of students with handicapping conditions, by age and primary handicapping condition, who were either referred to State agencies or for whom appropriate consent was not granted. Each student may be reported only once, either in a "Referred" column or in a "Consent not Granted" column.
- Provide column totals by age in line 13 and totals for "Referred" and "Consent not Granted" by handicapping condition in the last two columns.
- CAUTION: Once a student has been referred, do not include that student in any subsequent reports.

School District Code

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office for Education of Children with Handicapping Conditions

Date form submitted _____

ANNUAL REPORT OF REFERRALS OF AGING-OUT STUDENTS WITH HANDICAPPING CONDITIONS IN IN-STATE RESIDENTIAL PLACEMENTS*

This report is due October 1, 19__ reflecting data from the 19__-__ school year. Do not submit this report before the end of the 19__-__ school year.

School District Name _____

Name of person completing form _____ Telephone _____ (Area Code) _____ (Number)

Address _____ (Street) _____ (City, Village) _____ (State) _____ (Zip Code)

Line No.	HANDICAPPING CONDITION (Refer to Commissioner's Regulations 200.1) (Report each student in one handicapping condition only)	NUMBER OF STUDENTS WITH HANDICAPPING CONDITIONS, AGES 18 THROUGH 21, BY HANDICAPPING CONDITION, WHO WERE REFERRED TO STATE AGENCIES FOR ADULT SERVICE PLANNING									
		Referred to OMH (Office of Mental Hygiene)		Referred to OMRDD (Office of Mental Retardation and Developmental Disabilities)		Referred to DSS (Department of Social Services)		Referred to CBVH (Commission for the Blind and Visually Handicapped)		Referred to SED (OVR) (State Education Department, Office of Vocational Rehabilitation)	
		Accepted	Denied	Accepted	Denied	Accepted	Denied	Accepted	Denied	Accepted	Denied
1	Autistic										
2	Emotionally Disturbed										
3	Learning Disabled										
4	Mentally Retarded										
5	Deaf										
6	Hard of Hearing										
7	Speech Impaired										
8	Visually Impaired										
9	Orthopedically Impaired										
10	Other Health Impaired										
11	Multiply Handicapped										
12	Deaf-Blind										
13	**TOTAL Referred (Accepted or Denied)**										

SAMPLE

* Students with handicapping conditions referred under Education Law 4402(1) - Chapter 570, Laws of 1983. This report is required under Section 200.4(i) of the Regulations of the Commissioner of Education.

DIRECTIONS

- Fill in school district code (BEDS Code), school district name and all other identifying information at the top of the page.
- In lines 1 through 12, provide the number of students with handicapping conditions, by primary handicapping condition, who were referred to State agencies in each column according to whether they were accepted or denied service. Students may be reported more than once if they were referred to more than one agency.
- Provide column totals by agency in line 13 for "Accepted" and "Denied".
- CAUTION: Once a student has been referred, do not include that student in any subsequent reports.

School District Code

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office for Education of Children with Handicapping Conditions

Date form submitted _____

ANNUAL REPORT OF REFERRALS OF AGING-OUT STUDENTS WITH HANDICAPPING CONDITIONS IN IN-STATE NONRESIDENTIAL 100% SPECIAL EDUCATION PLACEMENTS*

This report is due October 1, 19__ reflecting data from the 19__-__ school year. Do not submit this report before the end of the 19__-__ school year.

School District Name _____

Name of person completing form _____ Telephone _____ (Area Code) _____ (Number)

Address _____ (Street) _____ (City, Village) _____ (State) _____ (Zip Code)

Line No.	HANDICAPPING CONDITION (Refer to Commissioner's Regulations 200.1) (Report each student in one handicapping condition only)	NUMBER OF STUDENTS WITH HANDICAPPING CONDITIONS, BY AGE AND HANDICAPPING CONDITION, WHO WERE EITHER REFERRED FOR ADULT SERVICE PLANNING OR FOR WHOM PARENT'S/STUDENT'S CONSENT WAS NOT GRANTED															
		Age 15		Age 16		Age 17		Age 18		Age 19		Age 20		Age 21		Total, Ages 15 through 21	
		Referred to Adult Service Agency	Consent not Granted	Referred to Adult Service Agency	Consent not Granted	Referred to Adult Service Agency	Consent not Granted	Referred to Adult Service Agency	Consent not Granted	Referred to Adult Service Agency	Consent not Granted	Referred to Adult Service Agency	Consent not Granted	Referred to Adult Service Agency	Consent not Granted	Referred to Adult Service Agency	Consent not Granted
1	Autistic																
2	Emotionally Disturbed																
3	Learning Disabled																
4	Mentally Retarded																
5	Deaf																
6	Hard of Hearing																
7	Speech Impaired																
8	Visually Impaired																
9	Orthopedically Impaired																
10	Other Health Impaired																
11	Multiply Handicapped																
12	Deaf-Blind																
13	**TOTAL Referred or Consent not Granted**																

SAMPLE

* Students with handicapping conditions referred under Education Law 4402(1) - Chapter 462, Laws of 1984. This report is required under Section 200.4(j) of the Regulations of the Commissioner of Education.

DIRECTIONS

- Fill in school district code (BEDS Code), school district name and all other identifying information at the top of the page.
- In lines 1 through 12, provide the number of students with handicapping conditions, by age and primary handicapping condition, who were either referred to State agencies or for whom appropriate consent was not granted. Each student may be reported only once, either in a "Referred" column or in a "Consent not Granted" column.
- Provide column totals by age in line 13 and totals for "Referred" and "Consent not Granted" by handicapping condition in the last two columns.
- CAUTION: Once a student has been referred, do not include that student in any subsequent reports.

School District Code

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office for Education of Children with Handicapping Conditions

Date form submitted _____

ANNUAL REPORT OF REFERRALS OF AGING-OUT STUDENTS WITH HANDICAPPING CONDITIONS IN IN-STATE NONRESIDENTIAL 100% SPECIAL EDUCATION PLACEMENTS*

This report is due October 1, 19__ reflecting data from the 19__-__ school year. Do not submit this report before the end of the 19__-__ school year.

School District Name _____

Name of person completing form _____ Telephone _____ (Area Code) _____ (Number)

Address _____ (Street) _____ (City, Village) _____ (State) _____ (Zip Code)

Line No.	HANDICAPPING CONDITION (Refer to Commissioner's Regulations 200.1) (Report each student in one handicapping condition only)	NUMBER OF STUDENTS WITH HANDICAPPING CONDITIONS, AGES 15 THROUGH 21, BY HANDICAPPING CONDITION, WHO WERE REFERRED TO STATE AGENCIES FOR ADULT SERVICE PLANNING									
		Referred to OMH (Office of Mental Hygiene)		Referred to OMRDD (Office of Mental Retardation and Developmental Disabilities)		Referred to DSS (Department of Social Services)		Referred to CBVH (Commission for the Blind and Visually Handicapped)		Referred to SED (OVR) (State Education Department, Office of Vocational Rehabilitation)	
		Accepted	Denied	Accepted	Denied	Accepted	Denied	Accepted	Denied	Accepted	Denied
1	Autistic										
2	Emotionally Disturbed										
3	Learning Disabled										
4	Mentally Retarded										
5	Deaf										
6	Hard of Hearing										
7	Speech Impaired										
8	Visually Impaired										
9	Orthopedically Impaired										
10	Other Health Impaired										
11	Multiply Handicapped										
12	Deaf-Blind										
13	**TOTAL Referred (Accepted or Denied)**										

SAMPLE

* Students with handicapping conditions referred under Education Law 4402(1) - Chapter 462, Laws of 1984. This report is required under Section 200.4(j) of the Regulations of the Commissioner of Education.

DIRECTIONS

- Fill in school district code (BEDS Code), school district name and all other identifying information at the top of the page.
- In lines 1 through 12, provide the number of students with handicapping conditions, by primary handicapping condition, who were referred to State agencies in each column according to whether they were accepted or denied service. Students may be reported more than once if they were referred to more than one agency.
- Provide column totals by agency in line 13 for "Accepted" and "Denied".
- CAUTION: Once a student has been referred, do not include that student in any subsequent reports.

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